

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P96000087808**

1. Entity Name

**BJMJ ENTERPRISES OF BROWARD, INC.****FILED****Jan 25, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90261 011 \*\*\*158.75

Principal Place of Business <b>4408 PETERS RD FT LAUDERDALE FL 33317 US</b>	Mailing Address <b>4408 PETERS RD FT LAUDERDALE FL 33317 US</b>
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2. Principal Place of Business <b>10700 WILES ROAD</b> Suite, Apt. #, etc.	3. Mailing Address <b>1844 N. NOB HILL ROAD</b> Suite, Apt. #, etc. <b>#615</b>
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City & State <b>CORAL SPRINGS, FL</b>	City & State <b>PLANTATION, FL</b>
Zip <b>33076</b>	Zip <b>33322</b>
Country <b>USA</b>	Country <b>USA</b>



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0697726</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>KAISER, MARTIN 7120 SW 19TH STREET PLANTATION FL 33317</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b> NAME <b>KAISER, MARTIN</b> STREET ADDRESS <b>4408 PETERS RD</b> CITY-ST-ZIP <b>FT LAUDERDALE FL 33317</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>PRESIDENT</b> NAME <b>KAISER, MARTIN</b> STREET ADDRESS <b>1844 N. NOB HILL ROAD #615</b> CITY-ST-ZIP <b>PLANTATION, FL 33322</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>V</b> NAME <b>COLEMAN, BARBARA</b> STREET ADDRESS <b>4408 PETERS RD</b> CITY-ST-ZIP <b>FT LAUDERDALE FL 33317</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>DIRECTOR</b> NAME <b>COLEMAN, BARBARA</b> STREET ADDRESS <b>1844 N. NOB HILL ROAD #615</b> CITY-ST-ZIP <b>PLANTATION, FL 33322</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>COLEMAN, BRIAN</b> STREET ADDRESS <b>4408 PETERS RD</b> CITY-ST-ZIP <b>FT LAUDERDALE FL 33317</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>VICE PRESIDENT</b> NAME <b>COLEMAN, BRIAN</b> STREET ADDRESS <b>1844 N. NOB HILL ROAD #615</b> CITY-ST-ZIP <b>PLANTATION, FL 33322</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Martin Kaiser - President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(954) 791-6421

Daytime Phone #

CR2E034 (10/00)