FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 9 700000 4502

T J Investments, Inc.



FILED

03 JUL 21 AM 8:35

SECRETARY OF STATE TALLAHASSEE. FLORIDA

DO NOT WRITE IN THIS SPACE

					j		
2. Principal Place of Business 3. Mailing Address 1022 N. E. 45 Street 1022 N. E.			LE Church		an union o strong a s		
		1022 N. E. 45	SLIE	ec.	DENSTATEM 1020		
Suite, Apt, #, etc.		Suite, Apr. #. etc.			B GERRE S ON MOT WHITE IN THIS SPACE COMMENTS		
City & State		City & State			4. FEt Number Applied For		
Fort La	uderdale FL	Fort Lauderd	ort Lauderdale, FL		65-0817199 Not Applicab		
Zip			Countr		5. Certificate of Status Desired \$8.75 Additional		
33334	Broward	33334	Bro	oward	Fee Required		
l			}-	Name	7. Name and Address of Current Registered Agent		
	DO NOT W	DITE			ffman/ Mastriana & Christiansen		
DO NOT WRITE			Γ	Street Address (P.O. Box Number is Not Acceptable)			
	IN THIS SP	ACF	'CE		1500 N. Federal Highway # 200		
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	1 / 1/2		1	City Fort La	uderdale FL Za33304		
8. The above	names entity subthis this statement for	the purpose of changing its	registered		red agent, or both, in the State of Florida. I am familiar with, and accept		
the obligations of registers of edent							
SIGNATURE Signature, whed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATS:							
	nuary 1 - May 1 Fee is \$150.00						
After May 1, Fee is \$550,00 Amended UBR is \$61.25					9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		
Amended UBR is \$61.25 Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees							
10.	OFFICERS AND E	DIRECTORS					
TITLE	President		TITLE	Ţ			
NAME	John S. Coldwell		NAME				
STREET ADDRESS CITY-ST-ZIP	5231 N. E. 14 Terr	ace		ADDRESS	800021706708		
	Fort Lauderdale, F	<u>'L-33334</u>	CITY-S	31-ZIF	800021706708 - 07/21/03 01064-019 **900.00		
TITLE NAME	Vice President		TITLE	1			
STREET ADDRESS	Teresa M. Coldwell	L		I ADDRESS			
CITY-ST-ZIP	5231 N. E. 14 Tern	ace	CITY-S				
TITLE	Fort Lauderdale, I	TL 33334	TITLE				
NAME			NAME	1			
STREET ADDRESS			STREET	ADDRESS	DO NOT WRITE		
CITY-ST-ZIP			CITY-S	ST- ZIP	DO NOT WRITE		
TITLE			TITLE		IN THIS SPACE		
NAME			NAME		IN THIS OF ACE		
STREET ADDRESS CITY-ST-ZIP			STREET CITY-S	ADDRESS			
				51-217			
TITLE NAME			TITLE NAME				
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP			CITY-S				
TITLE			TITLE				
NAME			NAME				
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP			CITY-S	T-ZIP			
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12. 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 it 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

WITH ALL TOLON S. Coldwell, President

1/12/03 9

954-938-3087

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:R2E034B (12/02)