

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000007969

1. Entity Name  
GJ STEVENS, INC.

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90004 040 \*\*\*150.00

Principal Place of Business  
9113 VINEYARD LAKE DRIVE  
PLANTATION FL 33324

Mailing Address  
9113 VINEYARD LAKE DRIVE  
PLANTATION FL 33324-1110



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
9801 N.W. 18 MNR  
Suite, Apt. #, etc.

3. Mailing Address  
9801 N.W. 18 MNR  
Suite, Apt. #, etc.

City & State  
PLANTATION, FL  
Zip  
33322  
Country  
BROWARD

City & State  
PLANTATION, FL  
Zip  
33322  
Country  
BROWARD

4. FEI Number 65-0724702

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FREEMAN, LOUIS  
9113 VINEYARD LAKE DR  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name Louis FREEMAN  
Street Address (P.O. Box Number is Not Acceptable)  
9801 N.W. 18 MNR  
City PLANTATION FL Zip Code 33322

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. 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, 2000 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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	FREEMAN, LOUIS I	
STREET ADDRESS	3440 S S.R. 7	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	FREEMAN, JUDITH	
STREET ADDRESS	3440 S S.R. 7	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/29/00 Daytime Phone # 954-961-7775

CR2E034 (9/99)