2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 02, 2000 8:00 am DOCUMENT # **P97000024768** Secretary of State BOJEE ENTERPRISES, INC. 03-02-2000 90017 010 ***150.00 Principal Place of Business Mailing Address **SUITE 2626** SUITE 2626 ONE FINANCIAL PLAZA ONE FINANCIAL PLAZA ししひゃりょうず FORT LAUDERDALE FL 33394-0001 FORT LAUDERDALE FL 33394 2. Principal Place of Business 3. Mailing Address 3100 N Ocean Blvd. 3100 N. Ocean Blvd DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 1708 <u>Suite 1708</u> Applied For City & State City & State 4. FEI Number 65-0790976 Ft. Lauderdale, FL Not Applicable Ft. Lauderdale Country Country \$8.75 Additional Zip 5. Certificate of Status Desired 33308 Fee Required 33308 USZ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Lisanti, Anthony WORLDWIDE CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 3100 N. Ocean Blvd. ONE FINANCIAL PLAZA **SUITE 2626** Suite 1708 FORT LAUDERDALE FL 33394 Zip Code City Ft. Lauderdale 33308 bose of changing its registered office or registered agent, or both, in the State of Florida 8. The above nam <u>01/20/00</u> SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to salely its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) \Box Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 OFFICERS AND DIRECTORS 11. DPS Addition TITLE TITLE Delete **DPS** GOLDENBERG, STEPHEN F. NAME NAME Lisanti, Anthony ONE FINANCIAL PLAZA, SUITE 2626 STREET ADDRESS STREET ADDRESS 3100 N. Ocean Blvd., Suite 1708 CITY-ST-7IP CITY-ST-ZIP FT LAUDERDALE FL 33394 Ft. Lauderdale, FL 33308 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE --Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE: 01/20/00 (954) 375-4100

SIGNATURE AND TYPED OR PRIVIED NAME OF SIGNING OFFICER OR DIRECTOR

Date Dayline Prone #

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and tifat 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 attachme