

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90095 035 ***150.00

DOCUMENT # P97000038054

1. Entity Name
DCJ HOLDINGS, INC.



Principal Place of Business
555 REINANTE AVENUE
CORAL GABLES FL 33156
US

Mailing Address
555 REINANTE AVENUE
CORAL GABLES FL 33156
US



2. Principal Place of Business

3. Mailing Address

10320 SW 71 Ave

10320 SW 71 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Miami FL

City & State
Miami FL

4. FEI Number 65-0756613

Applied For
Not Applicable

Zip 33156

Country USA

Zip 33156

Country USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOODMAN, LEWIS R
555 REINANTE AVE
PENTHOUSE I
CORAL GABLES FL 33156

Name DORE Pollock
Street Address (P.O. Box Number is Not Acceptable)
10320 SW 71 Ave
City miami
FL Zip Code 33156

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Dore Pollock

(NOTE: Registered Agent signature required when reinstating)

DATE

1/24/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME GOODMAN, LEWIS
STREET ADDRESS 555 REINANTE AVENUE
CITY-ST-ZIP CORAL GABLES FL 33134 ☒ Delete

TITLE D
NAME Dore Pollock
STREET ADDRESS 10320 SW 71 Ave
CITY-ST-ZIP miami FL 33156 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dore Pollock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/03

305
975 3564

CR2E034 (10/02)