

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000041119

1. Entity Name
F & J APARTMENTS, INC.

FILED
Jul 12, 2000 8:00 am
Secretary of State

07-12-2000 90013 045 ***550.00

Principal Place of Business

227 FORESTERIA DRIVE
LAKE PARK FL 33403

Mailing Address

227 FORESTERIA DRIVE
LAKE PARK FL 33403

2. Principal Place of Business

227 Foresteria Drive

3. Mailing Address

227 Foresteria Dr

Suite, Apt. #, etc.

Lake Park

Suite, Apt. #, etc.

Lake Park Fla

City & State

Florida

City & State

Lake Park Fla

4. FEI Number

65-0754378

☒ Applied For

☐ Not Applicable

Zip

33403

Country

Palm Beach

Zip

33403

Country

Palm Beach

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

PROCIDA, FRANCES

227 FORESTERIA DRIVE
LAKE PARK FL 33403

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
PROCIDA, FRANCES
227 FORESTERIA DRIVE
LAKE PARK FL 33403 ☐ Delete

TITLE
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☐ Change ☐ Addition

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LAKE PARK FL 33403 ☐ Delete

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CITY-ST-ZIP
☐ Change ☐ 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:

Frances Procida
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/00

Date

561-881-7632

Daytime Phone #