

**2000 UNIFORM BUSINESS REPORT (UBR)**

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

07-12-2000 90013 045 \*\*\*550.00

**DOCUMENT # P97000041119**

1. Entity Name  
**F & J APARTMENTS, INC.**

Principal Place of Business  
**227 FORESTERIA DRIVE  
 LAKE PARK FL 33403**

Mailing Address  
**227 FORESTERIA DRIVE  
 LAKE PARK FL 33403**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
*227 Foresteria Drive*

3. Mailing Address  
*227 Foresteria Dr*

Suite, Apt. #, etc.  
*Lake Park*

Suite, Apt. #, etc.

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<b>PVST PROCIDA, FRANCES 227 FORESTERIA DRIVE LAKE PARK FL 33403</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PROCIDA, FRANCES 227 FORESTERIA DRIVE LAKE PARK FL 33403</b>	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date *7/6/00* Daytime Phone # *561-881-7632*