2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P97000041119 1. Entity Name F & J APARTMENTS, INC.						FILED Jan 08, 2002 8:00 am Secretary of State 01-08-2002 90028 036 ***150.00		
Principal Place of Business 227 FORESTERIA DRIVE LAKE PARK FL 33403			Mailing Address 227 FORESTERIA DRIVE LAKE PARK FL 33403				oos	ı
2. Principal F	Place of Business		3. Mailing Address		•		N \$1961 NEBY NEBY NATURAL SANCES	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State			City & State		4. F	El Number 65-0754378	Applied For	
Zip Country			Zip Country		5. (5. Certificate of Status Desired S8.75 Additional Fee Required		
6. Name and Address of Current Registered			gistered Agent	1	7. N	Name and Address of New Registered	<u> </u>	\dashv
			 	Name		<u> </u>		
PROCIDA, FRANCES 227 FORESTERIA DRIVE				Street Add	Street Address (P.O. Box Number is Not Acceptable)			
LAKE PAI	RK FL 33403			City		FI	Zip Code	
8. The above	named entity submits the		title if applicable. (NOTE: I	Registered Agent signature	required when re	ent, or both, in the State of Florida. DATE		
Tax filing requirement and elects to do so. (See criteria on back)			Fee will be \$55	0.00	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		
11. OFFICERS AND DIF			RECTORS	12.	AD	DITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 11	\exists _
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PROCIDA, FRANCES 227 FORESTERIA DRIVE			TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Additio	= = CR2E034 (9/01)
NAME STREET ADDRESS CITY-ST-ZIP	D PROCIDA, FRANCES 227 FORESTERIA D LAKE PARK FL 3344	RIVE	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change Addition	8
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STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP				
TITLE			☐ Delete	TITLE			☐ Change ☐ Addition	n

13. Thereby 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:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: _

NAME

STREET ADDRESS

CITY-ST-ZIP

1/04/02 561-881-7632