

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000044585

1. Entity Name

CAJUN ENTERPRISES INC.

**FILED**  
**Mar 16, 2000 8:00 am**  
**Secretary of State**

03-16-2000 90086 008 \*\*\*150.00

Principal Place of Business

201 N. MAPLE AVENUE  
SUITE #2  
SANFORD FL 32771  
US

Mailing Address

118 PALM DRIVE  
DEBARY FL 32713-9723  
US

2. Principal Place of Business

230 Benson Junction Rd

3. Mailing Address

Suite, Apt. #, etc.

Debarry, Fl. 32713

City & State

Zip

Country

32713

U.S.A.

Zip

Country

4. FEI Number 59-3451901

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BLUMIN, SHIRLEY S  
118 PALM DRIVE  
DEBARY FL 32713

7. Name and Address of New Registered Agent

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

TITLE PT  
NAME BLUMIN, SHIRLEY S.  
STREET ADDRESS 118 PALM DRIVE  
CITY-ST-ZIP DEBARY FL 32713 ☐ Delete

TITLE VPS  
NAME CHAVOSHI, MAJID  
STREET ADDRESS 10551 STASND FORD ROW  
CITY-ST-ZIP ORLANDO FL 32817 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE Secretary  
NAME Steven A. Hedewitz  
STREET ADDRESS 14649 Eagles Crossing  
CITY-ST-ZIP Orlando, FL 32837 ☐ Change ☒ Addition

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

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

TITLE  
NAME  
STREET ADDRESS  
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:

Shirley S. Blumin Shirley S. Blumin 3/3/2000 (407)668-4419

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2000-03/16/00