

2002 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 28, 2002 8:00 am
Secretary of State

04-17-2002 90163 022 ***150.00

DOCUMENT # *199-000049249*

1. Entity Name

PJL Limited, Inc.

DO NOT WRITE IN THIS SPACE

29679

2. Principal Place of Business

KAPLAN

3. Mailing Address

BLVD.

Muger Peretz BERLIN P.A.

1200 BISCAYNE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

201 S. BISCAYNE BLVD

509

City & State

City & State

MIAMI, FL.

MIAMI FL.

Zip

Zip

33131

Country

33131

Country

0000

0000

4. FEI Number

65-0759667

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

MIAMI CENTER-REGISTERED AGENTS INC.

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

201 S. BISCAYNE BLVD. suite 1700

City

MIAMI

FL

Zip Code

33131

**DO NOT WRITE
IN THIS SPACE**

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
*PD
LEIGHT PAUL J.
1200 BISCAYNE BLVD. 509
MIAMI FL 33131*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like endorsements.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL J. LEIGHT

Date

Daytime Phone #

4/9/12 (305) 891-3895

CR2E034B (12/01)