

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90109 034 ***150.00

DOCUMENT # P97000049249

1. Entity Name
PJL LIMITED, INC.



Principal Place of Business
KLUGER, PERETZ, KAPLAN & BERLIN, P.A.
201 S BISCAYNE BLVD
MIAMI FL 33131

Mailing Address
12000 BISCAYNE BLVD
STE 509
MIAMI FL 33141

2. Principal Place of Business

3. Mailing Address

230 N. Dixie Highway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bay 26 + 27

City & State

City & State

Hollywood, FL.

Zip

Country

Zip

Country

33020

BROWARD

4. FEI Number **65-0759667**

Applied For

Not Applicable

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

MIAMI CENTER REGISTERED AGENTS, INC.
201 S. BISCAYNE BLVD., STE 1700
MIAMI FL 33131

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **LEIGHT, PAUL J**
STREET ADDRESS **12000 BISCAYNE BLVD., #509**
CITY-ST-ZIP **N. MIAMI FL 33181**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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12. 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 10 or Block 11 if changed, or on an attachment with no address, with all other like empowered.

SIGNATURE **CO-SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/7/03 **1-954-342-**
5415

CR2E034 (10/02)