

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000095839

1. Entity Name

JUNIOR, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90111 016 ***150.00

Principal Place of Business

Mailing Address

380 LEUCADENDRA AVE
CORAL SPRINGS FL 33156
US

380 LEUCADENDRA AVE
CORAL GABLES FL 33156-2329
US

2. Principal Place of Business

380 LEUCADENDRA DRIVE

3. Mailing Address

380 LEUCADENDRA DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL 33156

4. FEI Number

65-0800494

Applied For

Not Applicable

Zip

33156

Country

Zip

33156

Country

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

WOLF, JEROME L
AKERMAN, SENTERFITT & EIDSON, P.A.
450 E LAS OLAS BLVD., SUITE 950
FT LAUDERDALE FL 33301

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS MORGENTHAU, ANTHONY R
CITY-ST-ZIP 380 LEUCENDRA AVE
CORAL GABLES FL 33156

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 380 LEUCADENDRA DRIVE
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS JONES, MICHAEL D
CITY-ST-ZIP 65 LEUCADEDRA AVE
CORAL GABLES FL 33156

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 89 LEUCADENDRA DRIVE
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Anthony R. Morgenthau
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/24/00

305
668-6441

CR2E034 (9/99)