

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000005339

1. Entity Name
JUKSI CO.

Principal Place of Business
15551 WEST DIXIE HWY
MIAMI FL 33162

Mailing Address
500 BAYVIEW DRIVE
#622
NORTH MIAMI FL 33160

2. Principal Place of Business
500 BAYVIEW DR
Suite, Apt. #, etc.
622

3. Mailing Address

City & State
SUNNY ISLES BEACH

City & State

Zip
33160

Country
DADE

Zip

Country

4. FEI Number 65-0805359

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BABSKY, GREGORY
500 BAYVIEW DRIVE
#622
NORTH MIAMI BEACH FL 33160

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BABSKY, GREGORY
500 BAYVIEW DRIVE SUITE 622
NORTH MIAMI BEACH FL 33160

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

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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: G. Gregory Babsky
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90030 024 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2034 (10/00)