

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

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90344 031 \*\*\*150.00

DOCUMENT # **P 98000005339**



1. Entity Name

**JUKSI CO. INC.**

**2004**

**DO NOT WRITE IN THIS SPACE**

**14001220**

2. Principal Place of Business  
**15551 W.Dixie Hwy.**

3. Mailing Address  
**500 Bayview Dr.# 622**

Suite, Apt. #, etc.

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DO NOT WRITE IN THIS SPACE

City & State  
**North Miami Beach FL**

City & State  
**Sunny Isles Beach FL**

4. FEI Number  
**65-0805359**

Applied For  
Not Applicable

Zip  
**33162**

Country

Zip  
**33160**

Country

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name **Gregory Babsky**

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

**500 Bayview Dr.# 622**

City **Sunny Isles Beach**

**FL**

Zip Code  
**33160**

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

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25**

**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**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
Gregory Babsky  
500 Bayview dr.# 622 Sunny Isles FL 33160**

TITLE  
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CITY-ST-ZIP

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IN THIS SPACE**

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

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**GREGORY BABSKY 4.03.04**

Daytime Phone #

CR2E034B (12/02)