

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90095 035 ***158.75

DOCUMENT # P98000020149

1. Entity Name

TONJASMAG ENTERPRISES, INC.

Principal Place of Business

8133 PINE TREE LANE
 WEST PALM BEACH FL 33406

Mailing Address

8133 PINE TREE LANE
 WEST PALM BEACH FL 33406-7841



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

P.O. Box 7130

W. PALM BEACH, FL

33406

PALM BEACH

4. FEI Number **65-0816446**

Applied For

Not Applied

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

6. Name and Address of Current Registered Agent

BATALLAN, MARGARITA
8133 PINE TREE LANE
WEST PALM BEACH FL 33406

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, 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 **DP**
 STREET ADDRESS **BATALLAN, MARGARITA**
 CITY-ST-ZIP **8133 PINE TREE LANE**
WEST PALM BEACH FL 33406

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

TITLE ☐ Delete
 NAME **DVP**
 STREET ADDRESS **ANTONIO, BATALLAN S SR.**
 CITY-ST-ZIP **8133 PINE TREE LN.**
W. PALM BEACH FL 33406

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

TITLE ☒ Delete
 NAME **~~DVP~~**
 STREET ADDRESS **~~ANTONIO, BATALLAN S SR.~~**
 CITY-ST-ZIP **~~8133 PINE TREE LN.~~**
~~W. PALM BEACH FL 33406~~

TITLE ☐ Change ☐ ***
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 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *x Margarita Batallan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARGARITA BATALLAN - DIRECTOR

Date

1/19/00

Daytime Phone #

(561) 585-7575