

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2001 8:00 am**  
**Secretary of State**  
 04-18-2001 90043 038 \*\*\*158.75

DOCUMENT # *P980000 20149*

1. Entity Name

*TONJASMAQ ENTERPRISES, INC.*

Principal Place of Business

Mailing Address

*8133 PINE TREE LANE*

*P.O. Box 7130*

*W. PALM BEACH, FL. 33406*

*W. PALM BEACH, FL. 33406*

2. Principal Place of Business

*8133 PINE TREE LANE*

3. Mailing Address

*P.O. Box 7130*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*W. PALM BEACH, FL.*

City & State

*W. PALM BEACH, FL.*

4. FEI Number

*65-0816446*

Applied For

Not Applicable

Zip

*33406*

Country

*PALM BEACH*

Zip

*33406*

Country

*P. BEACH*

5. Certificate of Status Desired

☒

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

*A0051463*

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

*BATALLAN, MARGARITA*

*8133 PINE TREE LANE*

*W. PALM BEACH, FL. 33406*

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *DIRECTOR-PRESIDENT* ☐ Delete

NAME *BATALLAN, MARGARITA*

STREET ADDRESS *8133 PINE TREE LN., W. P.B., FL. 33406*

CITY-ST-ZIP *W. PALM BEACH, FL. 33406*

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

TITLE *DIRECTOR-VICE-PRESIDENT* ☐ Delete

NAME *BATALLAN, ANTONIO S.*

STREET ADDRESS *8133 PINE TREE LN.*

CITY-ST-ZIP *W. PALM BEACH, FL. 33406*

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*M. BATALLAN*  
**DIRECTOR**

*4/10/01 (561) 585-2637*  
 Date Daytime Phone #

CR2E034 (11/00)