

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91187 029 ***158.75

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DOCUMENT # P98000020149

1. Entity Name
TONJASMAG ENTERPRISES, INC.



Principal Place of Business
8133 PINE TREE LANE
WEST PALM BEACH FL 33406

Mailing Address
PO BOX 7130
WEST PALM BEACH FL 33405



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0816446**

Applied For

Not Applicable

Zip

Country

Zip

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

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

Name **BATALLAN, MARGARITA**
Street Address (P.O. Box Number is Not Acceptable) **6505 DIXIE HWY.**
City **W. PALM BEACH** **FL** **Zip Code** **33405**

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 *Margarita Batallan*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1/8/03**

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **DP** ☒ Change ☐ Addition
NAME **BATALLAN, MARGARITA**
STREET ADDRESS **6505 DIXIE HWY.**
CITY-ST-ZIP **W. PALM BEACH, FL 33405**

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

TITLE **DVP** ☒ Change ☐ Addition
NAME **BATALLAN, ANTONIO S.**
STREET ADDRESS **6505 DIXIE HWY.**
CITY-ST-ZIP **W. PALM BEACH, FL 33405**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Margarita Batallan* **MARGARITA BATALLAN** **1/8/03** **(561) 585-7637**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)