

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000028594

1. Entity Name

F.J.R. IMPORT-EXPORT, INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90106 011 ***150.00

Principal Place of Business

Mailing Address

14 PENN MANOR LANE
PALM COAST FL 32164

14 PENN MANOR LANE
PALM COAST FL 32137-9558

C0009090



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

39 LUDLOW LANE W.

39 LUDLOW LANE W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM COAST FL

City & State

PALM COAST FL

4. FEI Number

59-3506105

Applied For

Not Applicable

Zip

32137

Country

FLAGLER

Zip

32137

Country

FLAGLER

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

RENDA, FRANK
14 PENN MANOR LANE
PALM COAST FL 32164

Name

RENDA, FRANK

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

39 LUDLOW LANE WEST

City

PALM COAST

FL

Zip Code

32137

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 PD ☐ Delete
NAME RENDA, FRANK
STREET ADDRESS 14 PENN MANOR LANE
CITY-ST-ZIP PALM COAST FL 32164

TITLE PD ☐ Change ☐ Addition
NAME RENDA FRANK
STREET ADDRESS 39 LUDLOW LANE
CITY-ST-ZIP PALM COAST FL 32137

TITLE D ☐ Delete
NAME MIELE, GIUSEPPE
STREET ADDRESS 130 LOCUST AVE
CITY-ST-ZIP NEW ROCHELLE NY 10805

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

TITLE STD ☐ Delete
NAME GORDON, JAY
STREET ADDRESS 15 STAFFORD RD
CITY-ST-ZIP PARSIPPANY NJ 07054

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

Date

Daytime Phone #

1/14/00

904-4465444

CR2E034 (9/99)