

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90023 007 \*\*\*150.00

DOCUMENT # **P98000050446**

1. Entity Name

**SJA, CORP.**

Principal Place of Business

Mailing Address

**3430 NW 21 ST  
COCONUT CREEK FL 33066**

**3430 NW 21 ST  
COCONUT CREEK FL 33066**

2. Principal Place of Business

3. Mailing Address

**6829 Molakai Circle**  
Suite, Apt. #, etc.

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Suite, Apt. #, etc.

City & State  
**Boynton Beach, Fl.**  
Zip  
**33437**  
Country  
**USA**

City & State  
**Boynton Beach, Fl.**  
Zip  
**33437**  
Country  
**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0843420**

Applied For  
Not Applicable

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

**POLLACK, JAY  
3430 NW 21 ST  
COCONUT CREEK FL 33066**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	POLLACK, JAY	3430 NW 21 ST	COCONUT CREEK FL 33066	<input type="checkbox"/>
D	POLLACK, ANDREW	3430 NW 21 ST	COCONUT CREEK FL 33066	<input type="checkbox"/>
D	POLLACK, SUZAN	3430 NW 21 ST	COCONUT CREEK FL 33066	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**Suzan Pollack**  
**6829 Molakai Circle**  
**Boynton Beach, Fl. 33437**

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:

**Suzan Pollack**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/1/00**

Date

**561-732-6660**

Daytime Phone #

CR2E034 (9/99)