

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**  
 05-13-2002 90250 038 \*\*\*150.00

**DOCUMENT # P99000010604**

**1. Entity Name**  
**LJD EXECUTIVE SYSTEMS, INC.**

**Principal Place of Business**

**20013 NW 66 PLACE**  
**MIAMI FL 33015**

**Mailing Address**

**20013 NW 66 PLACE**  
**MIAMI FL 33015**

**2. Principal Place of Business**

**11958 Green Oak Drive**

**3. Mailing Address**

**11958 Green Oak Dr**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

**Davie, Fl.**

**City & State**

**Davie, Fl.**

**4. FEI Number**

**52-2144022**

**Applied For**

**Not Applicable**

**Zip**  
**33330**

**Country**

**US**

**Zip**  
**33330**

**Country**

**US**

**5. Certificate of Status Desired**

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**DE FERIA, LYDIA J**  
**20013 NW 66 PLACE**  
**MIAMI FL 33015**

**7. Name and Address of New Registered Agent**

**Name**  
**Lydia J. Fuxa**

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

**11958 Green Oak Dr.**

**City**  
**Davie**

**FL**

**Zip Code**  
**33330**

**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** *Lydia J. Fuxa* **Lydia J. Fuxa**

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, 2002 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**

**TITLE**  
**P**  
**NAME**  
**DE FERIA, LYDIA J**  
**STREET ADDRESS**  
**20013 NW 66 PLACE**  
**CITY-ST-ZIP**  
**MIAMI FL 33015**

☒ Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE**  
**President**  
**NAME**  
**Lydia J. Fuxa**  
**STREET ADDRESS**  
**11958 Green Oak Drive**  
**CITY-ST-ZIP**  
**Davie, FL 33330**

☒ Change

☐ Addition

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

☐ Delete

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

☐ Change

☐ Addition

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☐ Delete

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☐ Change

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☐ Delete

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**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**

**Date**

**Daytime Phone #**

*Lydia J. Fuxa, President* **4/22/02 (954) 392-7155**

0320255 AV

CR2E034 (9/01)