

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90011 025 ***150.00

DOCUMENT # P99000012700

1. Entity Name

F & J CORPORATION

Principal Place of Business

**1167 HILLSBORO MILE
UNIT 106
HILLSBORO BEACH FL 33062**

Mailing Address

**1167 HILLSBORO MILE
UNIT 106
HILLSBORO BEACH FL 33062**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0909880

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GATSOS, ELAINE M ESQ.
1499 WEST PALMETTO PARK ROAD
SUITE 210
BOCA RATON FL 33486**

7. Name and Address of New Registered Agent

**Linda Walden, CPA
Walden & Associates CPA, PA
1489 W. Palmetto Park Road Ste 400
Boca Raton FL 33486**

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: *Linda Walden, CPA, PA, as Registered Agent*

DATE: **3/20/01**

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

TITLE: **D** ☐ Delete
NAME: **KHADIVI, FAROKH (JAMES)**
STREET ADDRESS: **1167 HILLSBORO MILE UNIT 106**
CITY-ST-ZIP: **HILLSBORO BEACH FL 33062**

TITLE: **D** ☐ Delete
NAME: **KHADIVI, FARHAD (FRANK)**
STREET ADDRESS: **1167 HILLSBORO MILE UNIT 305**
CITY-ST-ZIP: **HILLSBORO BEACH FL 33062**

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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 #

CR2E034 (10/00)