

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 19, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90029 028 \*\*\*150.00

**DOCUMENT # P99000012759**

1. Entity Name  
**J TRANSAMERICA ENTERPRISES INC.**

Principal Place of Business 20695 BISCAYNE BLVD. #6 AVENTURA FL 33180	Mailing Address 19195 MKSTK PT.#1007 AVENTURA FL 33180
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address <b>19195 MYSTIC POINTE #1007</b> Suite, Apt. #, etc. City & State Zip
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0908311</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>KAPLOW, HERBERT</b> 1515 N.W. 167TH STREET MIAMI FL 33169	7. Name and Address of New Registered Agent Name: <b>HERBERT KAPLOW</b> Street Address (P.O. Box Number is Not Acceptable) <b>16300 N.E. 19TH AVE #219</b> City: <b>NORTH MIAMI BEACH FL</b> Zip Code <b>33162</b>
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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 HERBERT KAPLOW DATE 1/8/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROSKO, C J</b> <b>19195 MYSTIC POINTE DR. APT 1007</b> <b>AVENTURA FL 33180</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: C. J. Rosko Date 1/8/01 Daytime Phone # (305) 562-9100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06202650

CR2E034 (10/00)