

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 18, 2002 8:00 am**  
**Secretary of State**

02-18-2002 90152 040 \*\*\*150.00

**DOCUMENT # P99000028465**

**1. Entity Name**  
**GILJOR INVESTMENTS, INC.**

**Principal Place of Business**

**6580 N.W. 78TH DR.**  
**PARKLAND FL 33067**

**Mailing Address**

**1810 SABEL DR**  
**DEERFIELD BEACH FL 33442**  
**US**

**2. Principal Place of Business**

**11925 NW 11th CT**  
 Suite, Apt. #, etc.

**3. Mailing Address**

**PO BOX 5032**  
 Suite, Apt. #, etc.

**City & State**

**Coral Springs**  
 Zip **33071** Country

**City & State**

**Deerfield bch**  
 Zip **33442** Country **USA**

**4. FEI Number**

**65-0906525**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

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

**RONEN, JODI**  
**658 NW 78TH DR**  
**PARKLAND FL 33067**

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

**Name**

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

**11925 NW 11th CT**

**City**

**Coral Springs**

**FL**

**Zip Code**

**33071**

**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]*

**1.31.02**

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** **VSD** ☐ Delete  
**NAME** **RONEN, GIL**  
**STREET ADDRESS** **6580 N.W. 78TH DR.**  
**CITY-ST-ZIP** **PARKLAND FL 33067**

**TITLE** **PTD** ☐ Delete  
**NAME** **RONEN, JODI**  
**STREET ADDRESS** **6580 N.W. 78TH DR.**  
**CITY-ST-ZIP** **PARKLAND FL 33067**

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

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

**TITLE** ☐ Delete  
**NAME**  
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**CITY-ST-ZIP**

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

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

**TITLE** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** **11925 NW 11th CT**  
**CITY-ST-ZIP** **Coral Springs FL 33071**

**TITLE** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** **11925 NW 11th CT**  
**CITY-ST-ZIP** **Coral Springs FL 33071**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
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**CITY-ST-ZIP**

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

**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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1.31.02**

CR2E034 (9/01)