

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 03, 2002 8:00 am
Secretary of State

08-08-2002 90091 026 ***550.00

DOCUMENT # P99000060582

1. Entity Name

JUDICO, INC.

Principal Place of Business

1975 BISCAYNE BLVD.
 AVENTURA MALL ROOM 1281
 AVENTURA FL 33180

Mailing Address

1975 BISCAYNE BLVD.
 AVENTURA MALL ROOM 1281
 AVENTURA FL 33180

2. Principal Place of Business

5300 Island Blvd
 Suite, Apt. #, etc.
 Hair Salon

3. Mailing Address

5300 Island Blvd
 Suite, Apt. #, etc.
 Hair Salon

City & State

Aventura FL

City & State

Aventura FL

4. FEI Number

65-0300312

Applied For

Not Applicable

Zip

33160

Country

USA

Zip

33160

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

8. Name and Address of Current Registered Agent

SCHAMES, BRUCE S
 19575 BISCAYNE BLVD.
 AVENTURA MALL RM. 1281
 AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name Moshe Bitton

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

19575 Biscayne Blvd Rm 1281

City Aventura FL

Zip Code

33180

9. 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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DPV
 BITTON, MOSHE
 19575 BISCAYNE BLVD. ROOM 1281
 AVENTURA FL 33180 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DST
 BITTON, JUDITH
 19575 BISCAYNE BLVD. ROOM 1281
 AVENTURA FL 33180 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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TITLE
 NAME
 STREET ADDRESS
 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 REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/02

Date

305-937-7815

Daytime Phone #

CR2E034 (4/02)