

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90067 043 \*\*\*150.00

**DOCUMENT # P99000066097**

1. Entity Name

V. J. HOLDINGS, INC.

Principal Place of Business

12550 BISCAYNE BLVD. SUITE 703  
 NORTH MIAMI FL 33181

Mailing Address

12550 BISCAYNE BLVD. SUITE 703  
 NORTH MIAMI FL 33181

UUU18808

2. Principal Place of Business

1791 S.W. 3RD AVE

3. Mailing Address

4040 E LAKE ESTATES DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

miami FL

City & State

DAVIE FL

4. FEI Number

65-0938354

Applied For

Not Applicable

Zip

33129

Country

DADE

Zip

33328

Country

BROWARD

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

ANDREW N. COVE, P.A.  
 3801 HOLLYWOOD BLVD. SUITE 100  
 HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name

William A Judd III

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

4040 E LAKE ESTATES DR

City

DAVIE FL

FL

Zip Code

33328

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]* William A Judd III Pres.

1-16/01

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, 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 DP  
 NAME JUDD, BILL  
 STREET ADDRESS 12550 BISCAYNE BLVD. SUITE 703  
 CITY-ST-ZIP NORTH MIAMI FL 33181 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D.P. William Judd III ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 4040 E LAKE ESTATES DR  
 CITY-ST-ZIP DAVIE, FL 33328

TITLE D. V.P.  
 NAME LEE SCHWARTZ  
 STREET ADDRESS 1791 S.W. 3RD AVE MIAMI, FL  
 CITY-ST-ZIP 33129 ☐ Change ☒ Addition

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

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

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

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 an other like empowered.

SIGNATURE:

*[Signature]* William A Judd III

1/16/01

954-680-1388

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0230649

CR2E034 (10/00)