

2000 UNIFORM BUSINESS REPORT (UBR)

029589

DOCUMENT # P99000088122

1. Entity Name
FEJA ENTERPRISES, INC.

APPROVED
AND
FILED

00 JAN 10 PM 3:54

Principal Place of Business

714 NW 57TH STREET
FORT LAUDERDALE FL 33309

Mailing Address

714 NW 57TH STREET
FORT LAUDERDALE FL 33309-2825

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

152 South Federal Hwy.

Suite, Apt. #, etc.

3. Mailing Address

714 N.W. 57th street

Suite, Apt. #, etc.

City & State

Boca Raton

City & State

Fort Lauderdale Florida

4. FEI Number

65-0957100

Applied For

Not Applicable

Zip

33432

Country

U.S.A.

Zip

33309

Country

U.S.A.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EVANS, FRANK
714 NW 57TH STREET
FORT LAUDERDALE FL 33309

☒ delete

7. Name and Address of New Registered Agent

Name

Joseph P. Andy

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

4144 N.W. 66th Terrace

City

Coral Springs

FL

Zip Code

33067

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 Joseph P. Andy, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/5/2000

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, 2000 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 **EVANS, FRANK**
STREET ADDRESS **714 NW 57TH STREET**
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

TITLE ☐ Delete
NAME **[REDACTED]**
STREET ADDRESS **[REDACTED]**
CITY-ST-ZIP **[REDACTED]**

TITLE ☐ Delete
NAME **[REDACTED]**
STREET ADDRESS **[REDACTED]**
CITY-ST-ZIP **[REDACTED]**

TITLE ☐ Delete
NAME **[REDACTED]**
STREET ADDRESS **[REDACTED]**
CITY-ST-ZIP **[REDACTED]**

TITLE ☐ Delete
NAME **[REDACTED]**
STREET ADDRESS **[REDACTED]**
CITY-ST-ZIP **[REDACTED]**

TITLE ☐ Delete
NAME **[REDACTED]**
STREET ADDRESS **[REDACTED]**
CITY-ST-ZIP **[REDACTED]**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **Joseph P. Andy**
STREET ADDRESS **4144 N.W. 66th Terrace**
CITY-ST-ZIP **Coral Springs, Florida 33067**

TITLE **Director/Secretary** ☐ Change ☒ Addition
NAME **Clare Dello Russo**
STREET ADDRESS **1012 N. Ocean Blvd. #1001**
CITY-ST-ZIP **Pompano Beach, FL 33062**

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

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

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

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

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/2000 561-391-3181

Date

Daytime Phone #