

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90010 007 ***550.00

DOCUMENT # P99000088122

1. Entity Name
FEJA ENTERPRISES, INC.

Principal Place of Business
**152 S. FEDERAL HWY.
 BOCA RATON FL 33432**

Mailing Address
**714 N.W. 57TH STREET
 FORT LAUDERDALE FL 33309**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0957100**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~ANDY, JOSEPH P
 4144 N.W. 66TH TERRACE
 CORAL SPRINGS FL 33067~~

(Delete)

Name **Tammy Anderson**
 Street Address (P.O. Box Number is Not Acceptable)
10453 Canoe Brook Circle
 City **Boca Raton, FL** Zip Code **33498**

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  **Tammy Anderson S.D.** DATE **7/31/01**
 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) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
 NAME **ANDY, JOSEPH P**
 STREET ADDRESS **4144 N.W. 66 TERR.**
 CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE **SD** ☒ Delete
 NAME **RUSSO, CLARE DELLO**
 STREET ADDRESS **1012 N. OCEAN BLVD., #1001**
 CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ~~**VP**~~ ☒ Change ☐ Addition
 NAME ~~**Raymond Wila**~~
 STREET ADDRESS ~~**2621 N.W. 106 Ave.**~~
 CITY-ST-ZIP ~~**Coral Springs, FL. 33065**~~

TITLE **S.D.** ☒ Change ☐ Addition
 NAME **Tammy Anderson**
 STREET ADDRESS **10453 Canoe Brook Circle**
 CITY-ST-ZIP **Boca Raton, FL. 33498**

TITLE **P.** ☒ Change ☐ Addition
 NAME **Jack Lacertosa**
 STREET ADDRESS **140 Lakeview Drive #308**
 CITY-ST-ZIP **Fort Lauderdale, FL. 33026**

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:  **S.D.** DATE **7/31/01** (561) 391-3181
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (5/01)