

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000088933

1. Entity Name

EJ HOLDINGS, INC.

Principal Place of Business

16440 VIA VENETIA EAST
DELRAY BEACH FL 33484

Mailing Address

16440 VIA VENETIA EAST
DELRAY BEACH FL 33484

2. Principal Place of Business

5730 N.W. 42nd Court

Suite, Apt. #, etc.

3. Mailing Address

5730 N.W. 42nd Court

Suite, Apt. #, etc.

City & State

Delray Beach, FL

City & State

Delray Beach, FL

Zip

33496

Country

USA

Zip

33496

Country

USA

4. FEI Number

52-2198810

Applied For

Not Applicable

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

WIENER, ELLIOTT M
16440 VIA VENETIA EAST
DELRAY BEACH FL 33484

Name

Wiener, Elliott M.

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

5730 N.W. 42nd Court

City

Delray Beach

FL

Zip Code

33496

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	WIENER, ELLIOTT M	
STREET ADDRESS	16440 VIA VENETIA EAST	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wiener, Elliott M.	
STREET ADDRESS	5730 N.W. 42nd Court	
CITY-ST-ZIP	Delray Beach, FL 33496	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Elliott M. Wiener

Elliott M. Wiener

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/01 (561) 482-5100

Date

Daytime Phone #

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 91337 020 ***150.00

00041073



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)