

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90126 013 ***150.00

DOCUMENT # P99000088933

1. Entity Name
EJ HOLDINGS, INC.



Principal Place of Business
**5730 N.W. 42ND COURT
DELRAY BEACH FL 33496**

Mailing Address
**5730 N.W. 42ND COURT
DELRAY BEACH FL 33496**

2. Principal Place of Business

3. Mailing Address

16288 MIRA VISTA LA.

16288 MIRA VISTA LA.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
DELRAY BEACH FL.

City & State
DELRAY BEACH FL.

4. FEI Number **52-2198810**

Applied For
Not Applicable

Zip
33446

Country
PAUL BEACH

Zip
33446

Country
PAUL BEACH

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
5730 N.W. 42ND COURT
DELRAY BEACH FL 33496**

Name
WIGNER ELLIOTT M.

Street Address (P.O. Box Number is Not Acceptable)
16288 MIRA VISTA LA.



City
DELRAY BEACH **FL** Zip Code
33446

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

SIGNATURE

ELLIOTT M. WIENER PRESIDENT

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WIENER, ELLIOTT M
5730 NW 42ND COURT
DELRAY BEACH FL 33496

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12. 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 10 or Block 11 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

4/15/03

Date

561-482-5100

Daytime Phone #

CR2E034 (10/02)