

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 28, 2001 8:00 am**
Secretary of State

04-28-2001 90039 037 ***150.00

DOCUMENT # P99000105743

1. Entity Name

B.J. SERVICES & CARGO, INC.

Principal Place of Business

Mailing Address

**4500 HIATUS ROAD
#202
SUNRISE FL 33351****4500 HIATUS ROAD
#202
SUNRISE FL 33351****751906**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0968739**

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

**JUNG, LIDIA B
4500 HIATUS ROAD
#202
SUNRISE FL 33351**

Name

JUNG LIDIA B

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

10877 NW 9 CUNT

City

PLANTATION

FL

Zip Code

33324

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

Lidia B. Jung

(NOTE: Registered Agent signature required when reinstating)

DATE

04/24/019. 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 **PD** ☐ Delete
NAME **JUNG, LIDIA B**
STREET ADDRESS **13777 NW22ND STREET**
CITY-ST-ZIP **SUNRISE FL 33323**TITLE ☐ Change ☐ Addition
NAME **JUNG LIDIA B**
STREET ADDRESS **10877 NW 9 CUNT**
CITY-ST-ZIP **PLANTATION FL 33324**TITLE **VD** ☐ Delete
NAME **JUNG, BRUNO F**
STREET ADDRESS **13777 NW22ND STREET**
CITY-ST-ZIP **SUNRISE FL 33323**TITLE ☐ Change ☐ Addition
NAME **10877 NW 9 CUNT**
STREET ADDRESS **PLANTATION FL 33324**
CITY-ST-ZIP **33324**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)