

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90074 011 \*\*\*150.00

**DOCUMENT# P99000105743**

1. Entity Name  
**B.J. SERVICES & CARGO, INC.**

Principal Place of Business  
**13777 NW 22ND ST  
 SUNRISE, FL 33323**

Mailing Address  
**13777 NW 22ND ST  
 SUNRISE, FL 33323**

2. Principal Place of Business

Suite, Apt #, etc.

City & State

Zip Country  
 USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country  
 USA

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**650968739**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**JUNG, LIDIA B  
 13777 NW 22ND ST  
 SUNRISE, FL 33323**

7. Name and Address of Now Registered Agent

Name  
 Street Address (P O Box Number is Not Acceptable)  
 City, **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable:

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, 2002 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	PD	<input type="checkbox"/> Delete
NAME	JUNG, LIDIA B	
STREET ADDRESS	13777 NW 22ND ST	
CITY - ST - ZIP	SUNRISE, FL 33323	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JUNG, BRUNO F	
STREET ADDRESS	13777 NW 22ND ST	
CITY - ST - ZIP	SUNRISE, FL 33323	
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
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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 qualified 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 Required** \_\_\_\_\_ Date: **04/26/2002** (954) 835-0309  
 Signature and typed or printed name of signing officer or director Daytime Phone #