

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 14, 2001 8:00 am**
Secretary of State

02-14-2001 90006 049 ***150.00

DOCUMENT # V27543

1. Entity Name

SJ PLAZA, INC.

Principal Place of Business

**1515 N OCEAN DR
HOLLYWOOD FL 33019
US**

Mailing Address

**1515 N OCEAN DR
HOLLYWOOD FL 33019
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0326927**Applied For
Not Applicable5. 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

**ST JEAN, MARCEL
1515 N OCEAN DR
UNIT 1B
HOLLYWOOD FL 33019**

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

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 State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	<input type="checkbox"/> Delete	ST. JEAN, MARCEL		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	1515 N OCEAN DR						
	HOLLYWOOD FL 33019						
	D	<input type="checkbox"/> Delete	ST. JEAN, PIERO		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	1515 N OCEAN DR						
	HOLLYWOOD FL						
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		

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: *Marcel St Jean*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCEL ST-JEAN

02/14/01

Date

954-927-3222

Daytime Phone #

CR2E034 (10/00)