2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Feb 01, 2000 8:00 am Secretary of State **DOCUMENT # V53984** 1. Entity Name S.J. MANAGEMENT, INC. 02-01-2000 90047 015 ***150.00 Principal Place of Business Mailing Address 450 NORTH PARK ROAD 450 NORTH PARK ROAD SUMPERIORX XXXXXXXXXX HOLLYWOOD FL 33021 HOLLYWOOD FL 33021-6918 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 500 <u>Suite 500</u> Applied For City & State City & State 4. FEI Number 65-0348495 Not Acrolic ... -Zip ------ Country ---Country --- -\$8:75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ISRAEL, STANLEY E. Street Address (P.O. Box Number is Not Acceptable) 450 NORTH PARK ROAD **SUBSE-965** Suite 500 HOLLYWOOD FL 33021 City 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, 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 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1. OFFICERS AND DIRECTORS 11. Change ☐ Addition TITLE ☐ Delete TITLE ISRAEL, STANLEY E. NAME NAME 450 NORTH PARK ROAD SURTE 895 STREET ADDRESS STREET ADDRESS Suite 500 CITY-ST-7IP CITY-ST-ZIP HOLLYWOOD FL Delete Change ☐ Additior TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-CITY+ST-ZIP ~ ☐ Change Delete ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE T!TLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 suppliemental 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 received or trustee employeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

D OR PRINTANAME OF SIGNING OFFICER OR DIRECTOR
ISrael, President

954-985-6767

Daytime Phone #

changed, or on an attachment

SIGNATURE: