

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V70242**

1. Entity Name  
**F J D, INC.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

03 JUN 12 AM 11:15

Principal Place of Business  
**13837 S. DIXIE HWY  
MIAMI FL 33176  
US**

Mailing Address  
**13954 S.W. 104 TERRACE  
MIAMI FL 33186**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0361251**

Applied For  
Not Applicable

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

**DOLAN, FLORENCE  
13954 S.W. 104 TERRACE  
MIAMI FL 33186**

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

SIGNATURE

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	<input type="checkbox"/> Delete
	<b>PTS</b>			
	<b>DOLAN, FLORENCE</b>			
	<b>13954 S.W. 104 TERRACE</b>			
	<b>MIAMI FL</b>			
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/03

305-251-0443

Date

Daytime Phone #

0318139 AV

Attachment

# V70242

June 6, 2003

Division Of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

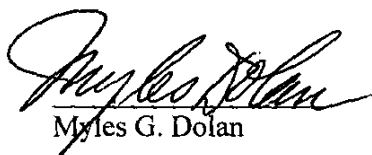
Dear Sir or Madam:

As instructed by your office, please find a check for \$150.00 enclosed, and a completed 2003 Uniform Business Report for FJD, Inc.

I apologize for the delay, but as I pointed out to one of your co-workers by phone, I am recovering from open heart surgery (a quadruple bypass), and somehow this report fell through the cracks. FJD, Inc. is a very small travel agency. My wife is the only employee. (She's still hanging on, although almost all of the travel agencies around her have been forced out of business). I am an unpaid volunteer, helping her with taxes and fees.

Thank you for your help in handling this matter. I assure you, your assistance is greatly appreciated.

Sincerely,

  
Myles G. Dolan

FJD, Inc.  
13837 S. Dixie Highway  
Miami, FL 33176