

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90344 002 ***150.00

UBR 113

DOCUMENT # M39997

1. Entity Name

P.J.M.A. ENTERPRISES INC.

Principal Place of Business

Mailing Address

C/O CECIL GOFF
 941 TANGLEWOOD CIRCLE
 WESTON FL 33327
 US

C/O CECIL GOFF
 941 TANGLEWOOD CIRCLE
 WESTON FL 33327
 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

NOT APPLICABLE

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

FAYAD, AFIF NAGIB
1541 ELM GROVE ROAD
WESTON FL 33327

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 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	MIGUEL, PEDRO J	941 TANGLEWOOD CIRCLE	WESTON FL 33327				
VD	MIGUEL, LILIA SLEBI DE	941 TANGLEWOOD CIRCLE	WESTON FL 33327				
VD	SLEBI, LILIA MIGUEL	941 TANGLEWOOD CIRCLE	WESTON FL 33327				
SD	FAYAD, AFIF NAGIB	1541 ELM GROVE ROAD	WESTON FL 33327				

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

Day/nc Phone #

Signature: Afif Nagib Fayad 4/16/2001 (703) 897-1331

CR2E034 (10/00)