

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90327 013 ***158.75

0817979

DOCUMENT # P0000022579

1. Entity Name
SJT A INC.

Principal Place of Business

Mailing Address

2601 S. BISCAYNE DR., STE. 1250
 MIAMI FL 33133

2601 S. BISCAYNE DR., STE. 1250
 MIAMI FL 33133

2. Principal Place of Business

3. Mailing Address

2600 Douglas Road

347 Washington Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 905

Coral Gables, FL

Miami Beach, FL

Zip

Country

Zip

Country

33134

USA

33139

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0997346

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

FREEMAN, ROBERT A.P.A.
 2601 S. BISCAYNE DR., STE. 1250
 MIAMI FL 33133

Name **Wanda Pistella, P.A.**
 Street Address (P.O. Box Number is Not Acceptable)
3001 Ponce de Leon Blvd.
Suite 262
 City **Coral Gables** FL Zip Code **33134**

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 Wanda Pistella, Wanda Pistella 1/25/01
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	<input checked="" type="checkbox"/> Delete
D	FREEMAN, ROBERT A	2601 S. BISCAYNE DR., STE. 1250	MIAMI FL 33133	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
P/D/S	Fernando Canale	347 Washington Avenue	Miami Beach, FL 33139	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP/D	Roberto A.F. Roberts	2600 Douglas Road, Suite 905	Coral Gables, FL 33134	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]

Fernando Canale

Date

1/26/01 305-532-0570

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (10/00)