FILED May 08, 2003 8:00 am

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2003 FOR PROFIT CORPORATION

UNI	FURIN BUS	INESS REPUR	i (UDN)		Sagratai	MET O	f Cto	10	
DOCUMENT # P96000032089 1. Entity Name BARJOR CORPORATION					Secretary of State 05-08-2003 90164 042 ***150.00				
Principal Place of Business Mailing Address 1845 BAY ROAD 1845 BAY ROAD MIAMI BEACH FL 33139 MIAMI BEACH FL 33139									
Principal Place of Business 3. Mailing Address				8811881 118 18118 81111 88111 88111 	14 131 11 141	\$ 	ISII 1011 1001		
Suite, Apt. #, etc. Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State		City & State		4. FEI N	65-0659140			pplied For ot Applicabl	
Zip	Country	Zip	Country	5. Certifi	cate of Status Desired		\$8.75 Ad Fee Require		
	6. Name and Address of C	urrent Registered Agent		7. Name	and Address of New Re	gistered	Agent		
SMULSKI, JORGE			Name Street Address	Name Street Address (P.O. Box Number is Not Acceptable)					
7441 MIAMI VIEW DR						 ·			
NORTH BAY	VILLAGE FL 33141								
			City				Zip Cod	 le	
						FL	-		
the obligation	med entity submits this state s of registered agent.	ment for the purpose of changing its	: registered office or regist			da. lam	familiar with,	and accept	
After M	E NOW!!! FEE IS \$150.0 ay 1, 2003 Fee will be \$5 ayable to Florida Departn	50.00		9	Election Campaign Fina Trust Fund Contribution.			00 May Be d to Fees	
10.	OFFICER	S AND DIRECTORS	11.	ADDITIO	NS/CHANGES TO OFFIC	CERS ANI	DIRECTOR	S IN 11	
STREET ADDRESS 7	MULSKI, JORGE 141-MAMIL MEW-DR C OKTH BAYOULAGE/FL3	□ Delete 5039 Calling Du 841 #636-Mini Ba	TITLE NAME STREET ADDRESS GIY-ST-ZIP				☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		FC- 35140 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	g Sig t an employed the service of the control of	— ♣ Polete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		×4.		:Change	Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS				☐ Change	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 of instead in section 119.07(3)(ii), Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with it is defined, with all other like empowered.

CITY-ST-ZIP

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SIGNATURE:

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