2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # G38272** May 16, 2000 8:00 am Secretary of State 1. Entity Name G & J INTERNATIONAL CORPORATION 05-16-2000 90087 013 ***158.75 Mailing Address Principal Place of Business 1301 N.W. 89TH COURT 1301 N.W. 89TH COURT SUITE 208 SUITE 208 MIAMI FL 33152-4041 MIAM! FL 33172 Mailing Address 2. Principal Place of Business 1630 N.W.108AVE 524041 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State / 4. FEI Number 59-2303333 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired DADE Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LLANES, FABIOLA P. 1301 N.W. 89TH COURT SUITE 208 **MIAMI FL 33172** 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition **PST** Change TITLE ☐ Delete TITLE CLANES, FALOUR LLANES, FABIOLA P. NAME NAME 1630 NW 108 ADE STREET ADDRESS STREET ADDRESS 1301 N.W. 89TH CT., #208 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 00000 Change ☐ Addition TITLE ☐ Delete TITLE ANDS FABIOLA LLANES, FABIOLA P. NAME NAME 1630 NW 108 AUE STREET ADDRESS 1301 N.W. 89TH CT., #208 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 00000 · 🗀 Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITI F Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 drustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my pame appears in Block 11 or Block 12 if changed, or on an attachment with address, with all other like empowered. SIGNATURE: Daytime Phone