

DOCUMENT # L01000020330

1. Entity Name

IJM USA LLC

FILED
Jun 04, 2002 8:00 am
Secretary of State

06-04-2002 90220 003 ****55.00

Principal Place of Business

796 NW 91 TERRACE
PLANTATION FL 33324

Mailing Address

796 NW 91 TERRACE
PLANTATION FL 33324

2. Principal Place of Business

117 MAJORCA AVENUE

Suite, Apt. #, etc.

FIRST FLOOR EAST

City & State

CORAL GABLES, FLA

Zip

33134

Country

U.S.A.

3. Mailing Address

117 MAJORCA AVENUE

Suite, Apt. #, etc.

FIRST FLOOR EAST

City & State

CORAL GABLES, FLA

Zip

33134

Country

U.S.A.

4. FEI Number

65-1156037

Apply

Not Ap

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET # 200
MIAMI BEACH FL 33139

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.

JACQUES MATAS (PRESIDENT)

04/25/02

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MATAS, JACQUES JR. 796 NW 91 TERRACE PLANTATION FL 33324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10.

ADDITIONS/CHANGES

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE:

Signature typed or printed name of signing managing member, manager, or authorized representative

PRESIDENT

Date

(305) 529-8899
04/24/02