

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2000 8:00 am**  
**Secretary of State**

05-13-2000 90014 041 \*\*\*150.00

**DOCUMENT # M30954**

1. Entity Name

**G. J. ENTERPRISES OF MIAMI INC.**

Principal Place of Business

2550 NW 72ND AVE  
 #319  
 MIAMI FL 33122  
 US

Mailing Address

P. O. BOX 523231 N/A  
 MIAMI FL 33152-3231  
 US

2. Principal Place of Business

9440 West Flagler St  
 Suite, Apt. #, etc.  
**APT #310**

3. Mailing Address

P. O. Box 523231  
 Suite, Apt. #, etc.  
**N/A**

City & State

**Miami, FL**

City & State

**Miami, FL**

Zip  
**33174**

Country  
**US**

Zip

**33152**

Country

**US**

4. FEI Number

**59-2665424**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**JARAMILLO, CECILIA**  
**9440 W. FLAGLER ST., SUITE 310**  
**MIAMI FL 33174**

7. Name and Address of New Registered Agent

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, 2000 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

TITLE	VPSD	<input type="checkbox"/> Delete
NAME	JARAMILLO, MARIA CECILIA	
STREET ADDRESS	9440 W. FLAGLER ST., SUITE 310	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	JARAMILLO, FABIO	
STREET ADDRESS	9440 W. FLAGLER ST., SUITE 310	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/00 (305) 597-4313  
 Date Daytime Phone #

CR2E034 (9/99)