

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90105 004 ***158.75

DOCUMENT # M30954
 1. Entity Name
G. J. ENTERPRISES OF MIAMI INC.

Principal Place of Business Mailing Address
9440 WEST FLAGLER ST **P. O. BOX 523231 N/A**
APT 310 **MIAMI FL 33152**
MIAMI FL 33174 **US**
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
9440 West Flagler ST. **P.O. BOX 523231**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
310 Apt.

City & State City & State
Miami Florida. **Miami FL.**

4. FEI Number Applied For
59-2665424 Not Applicable

Zip Country Zip Country
33174. **USA.** **33152.** **U.S.A.**

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 **FABIO JARAMILLO**
 Street Address (P.O. Box Number is Not Acceptable) **9440 West Flagler St.**
APT # 310
 City **Miami** FL Zip Code **33174**

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]* DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		
TITLE	VPSD	<input checked="" 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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* **FABIO JARAMILLO** **04/30/01** **305-5974313**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)