2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 01, 2000 8:00 am **DOCUMENT # M57199 Secretary of State** CMJ GROUP CO. 03-01-2000 90051 023 ***150.00 Mailing Address Principal Place of Business 3903 ALTON ROAD 3903 ALTON ROAD MIAMI BEACH FL 33140-3852 MIAMI BEACH FL 33140 0028278 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0004029 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Pee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JUSTOK CARLOS M. Street Address (P.O. Box Number is Not Acceptable) 3905 ALTON RD **SUITE 1841** MIAMI BEACH FL 33140 Zip Code City FL 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) 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Change ☐ Delete TITLE TITLE JUSTO, CARLOS M. NAME NAME STREET ADDRESS 3905 ALTON RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL ☐ Addition Change ☐ 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 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 only like empowered.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

TITLE NAME

TITLE

NAME

SIGNATURE THE THEO OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Delete

Delete

2/22/00 (305)858-5110

☐ Change

Change

☐ Addition

☐ Addition