

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 22, 2003 8:00 am**  
**Secretary of State**

01-22-2003 90048 049 \*\*\*150.00

**DOCUMENT # M57199**

**1. Entity Name**  
**CMJ GROUP CO.**



**Principal Place of Business**  
**3905 ALTON ROAD 4505 S**  
**MIAMI BEACH FL 33140**

**Mailing Address**  
**3905 ALTON ROAD**  
**MIAMI BEACH FL 33140**

**2. Principal Place of Business**  
**4505 SABAL PALM RD**

**3. Mailing Address**  
**SAME**

**Suite, Apt. #, etc.**

**Suite, Apt. #, etc.**

**City & State**  
**MIAMI, FL**

**City & State**

**Zip** **33137** **Country** **DADE**

**Zip** **Country**

**4. FEI Number** **65-0004029**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

☐ **CHECK HERE IF MAKING CHANGES**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**JUSTO, CARLOS M**  
**3905 ALTON RD**  
**MIAMI BEACH FL 33140**

**Name**

**Street Address (P.O. Box Number is Not Acceptable)**  
**4505 SABAL PALM RD**

**City** **MIAMI** **FL** **Zip Code** **33137**

**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. I am familiar with, and accept the obligations of registered agent.**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	JUSTO, CARLOS M	3905 ALTON RD	MIAMI BEACH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		4505 SABAL PALM RD	MIAMI, FL. 33137	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date** \_\_\_\_\_ **Daytime Phone #** \_\_\_\_\_

CR2E034 (10/02)