## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 09, 2002 8:00 am Secretary of State

DOCUMENT # MOZ453 1 1. Entity Name BJ+He, Inc. doc Insty Prints, Boca Ration			94-09-2002 90736 024 ***150.00
DO NOT WRITE IN THIS SPACE			80061827
2. Principal Place of Business Occa Reton, Florida Suite, Apt. #, etc.	3. Mailing Address 2384 N DIXIE HIGHWAY Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
Sity & State Ration FL Zip Country 333431 USA	Bity & State NATON	PL DY Q	4. FEI Number  65 0017472 0(25/2 Y)  Not Applied For  Not Applicable  5. Certificate of Status Desired  \$8.75 Additional Fee Required
DO NOT WRITE IN THIS SPACE		Name Howe	7. Name and Address of Current Registered Agent
8. The above named entity submits this statement for the purpose of changing its registered office or registered.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required with applicable.  1. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)  3. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$150.00  After May 1, Fee is \$550.00  Amended UBR is \$61.25  Make Check Payable to Department of State			when reestaking)  10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
11. I OFFICERS AND THE President (Treas: NAME STREET ADDRESS CITY ST-ZIP THE VICE PRESIDENT SCENAME STREET ADDRESS T172 LOTGAZO C T172 LOTGAZO C	18 18 18 18 18 18 18 18 18 18 18 18 18 1	FLE AME REET ADDRESS TY-ST-ZIP FLE AME REET ADDRESS	
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NAME STREET ADDRESS CITY-ST-ZIP	NA STI CIT	ILE IME REET ADDRESS TY+ST-ZIP	
13. Thereby certify that the information supplied with this filling 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 the 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. The receiver or trustee any powers to execute this eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like impowered.  SIGNATURE:  **TOTALL STATUTE**  **Displace**  **Displace**			