

2001 UNIFORM BUSINESS REPORT (UBR)

5/5/1

FILED
Jun 21, 2001 8:00 am
Secretary of State

05-05-2001 91100 004 ***150.00

DOCUMENT # P00000006367

1. Entity Name

ACMJ CORPORATION

Principal Place of Business

6555 NW 36 ST.
 S-309
 VIRGINIA GARDENS FL 33166

Mailing Address

6555 NW 36 ST.
 S-309
 VIRGINIA GARDENS FL 33166

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0975708

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CUEVAS, ANDREW ESQ.
 9200 S. DADELAND BLVD.
 SUITE 603
 MIAMI FL 33156

Name

ALBERTO MONCALIANO

Street Address (P.O. Box Number is Not Acceptable)

6955 NW 186 ST, #508

City

MIAMI

State

FL 33015

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

Alberto Moncaliano DPT

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT
 NAME MONCALIANO, ALBERTO
 STREET ADDRESS 6555 NW 36TH ST. S-309
 CITY-ST-ZIP VIRGINIA GARDENS FL 33166 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DVS
 NAME NAVARRO CONTRERAS, CLAUDIA
 STREET ADDRESS 6555 NW 36TH ST. S-309
 CITY-ST-ZIP VIRGINIA GARDENS FL 33166 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: X

Alberto Moncaliano

1-27-2001

305 649-1154

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/0/00)