

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90043 013 \*\*\*150.00

**DOCUMENT # P00000037687**

1. Entity Name

**BPJ GROUP CORPORATION**

Principal Place of Business

**11420 NORTH KENDALL DRIVE**

**SUITE 107**

**MIAMI FL 33176-6**

Mailing Address

**11420 NORTH KENDALL DRIVE**

**SUITE 107**

**MIAMI FL 33176-6**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**Suite 112**

City & State

Suite, Apt. #, etc.

**Suite 112**

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JAHNEL, BRAULIO P**

**11420 NORTH KENDALL DRIVE**

**SUITE 107**

**MIAMI FL 33176-6**

Name

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

City

**FL**

Zip Code

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)

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, 2002 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	PT	<input type="checkbox"/> Delete
NAME	PEREZ, BRAULIO JAHNEL	
STREET ADDRESS	16400 NW 15 AVE	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	DEITERS, RICARDO	
STREET ADDRESS	16400 NW 15 AVE	
CITY-ST-ZIP	MIAMI FL 33169	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PVTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, BRAULIO JAHNEL	
STREET ADDRESS	16400 NW 15 AVE	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEITERS, RICARDO	
STREET ADDRESS	16400 NW 15 AVE	
CITY-ST-ZIP	MIAMI, FL 33169	
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		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/02

305-261-6251

CR2E034 (9/01)