

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 19, 2001 8:00 am**  
**Secretary of State**

06-19-2001 90878 018 \*\*\*158.75

DOCUMENT # **P00000078726**  
 1. Entity Name  
**L & J USA, CORP.**

Principal Place of Business Mailing Address  
**9350 SOUTH DIXIE HWY P42**  
**MIAMI, FL 33156**

2. Principal Place of Business 3. Mailing Address  
**1915 VOUGE DE LEON BLVD.** **1915 VOUGE DE LEON BLVD.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State: **CORAL GABLES, FL** City & State: **CORAL GABLES, FL**  
 Zip: **33134** Country: **USA** Zip: **33134** Country: **USA**

4. FEI Number **65-1035561** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**A0073833**

6. Name and Address of Current Registered Agent  
**ROTH, ROUSSO, BENJAMIN, PA**  
**9350 SOUTH DIXIE HWY P42**  
**MIAMI, FL 33156**

7. Name and Address of New Registered Agent  
 Name **LIZI ROCHE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**8601 SW 121 ST**  
 City **MIAMI** FL Zip Code **33156**

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 *Monke President* DATE 04/26/01  
Signature based on present name of registered agent and file if applicable. (W. E. Registered Agent signature required when reinstating)

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 15 2001 Fee will be \$350.00**  
**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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRESIDENT</b> <b>LIZI ROCHE</b> <b>8601 SW 121 STREET</b> <b>MIAMI, FL 33156</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 the 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 empowers.

SIGNATURE: *Monke President* DATE 04/26/01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Month/Day/Year)

CR2001 (11/00)



Attachment  
A0073883

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

June 5, 2001

L & J USA, CORP.  
1915 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134

Subject: L & J USA, CORP.

Reference  
Number:

P00000078726

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/ew  
ANNUAL REPORTS SECTION