## **№2001 UNIFORM BUSINESS REPORT (UBR)** Apr 16, 2001 8:00 am DOCUMENT # P00000087203 / Secretary of State V.T. J. ENTERPRISES CORPORATION Block + 302 04-16-2001 90482 041 \*\*\*150.00 mami FL 33172 Principal Place of Business Mailing Address A0049760 2. Principal Place of Business 3. Mailing Address 9310 FONTAINE STEAU BLVD 9310 FONTAINESLEAU BLUD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 302 City & State City & State 4. FEI Number Applied For FLORIDA MIRMI MIRMI FLORIDA 65-1049 X Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired MIAMI-DADE MIAMI- DADE 33/72 33172 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TERESITA MARLIN Street Address (P.O. Box Number is Not Acceptable) 9310 FONTAINE SLEAD BLVD #302 MIAMI FLORIDA 33172 Zip Coae FL 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. TERESITA MARTIN If applicable, (NOTE: Registered Agent signature rec APRIL 2,2001 FILEINOWIII FEE IS (150.00 A) After MAY (1,2001 Fee will be 3550.00) 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. P) Virgitio maltin Delete ☐ Change Addition TITLE NAME 9310 Fontaine BLEAU BIND 1302 STREET ADDRÉSS STREET ADDRESS Neam FL 33172 CITY-ST-ZIP CITY-ST-ZIP JOSE LUIS MARTIN Delete 9310 FONTAINE BLEAU Block Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS TRAM, F1 33172 +ERESI-+A MAPTIN Delete 9310 FONTAINE BLEAUBLA 302 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS Meani, FL 33172 CITY-ST-ZIP CITY-ST-ZIP TIT! F ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Ti Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZtP CITY-ST-ZIP TITLE Detete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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 changed, or on an attachment with ar with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR