2002 UNIFORM BUSINESS REPORT (UBR)

May 15, 2002 8:00 am Secretary of State P00000113129 DOCUMENT # 1. Entity Name 05-15-2002 90109 014 ***150.00 J.M.J. MANAGEMENT INC. Principal Place of Business Mailing Address 13341 SW 107 AVENUE 13341 SW 107 AVENUE MIAMI FL 33176 **MIAMI FL 33176** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-1060100 Not Applicable \$8.75-Additional Zip Country 7in Country 5.-Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VAZQUEZ, JESUS Street Address (P.O. Box Number is Not Acceptable) 13341 S W 107 AVENUE **MIAMI FL 33176** Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Delete ☐ Addition DVTS TITLE TITLE iazquez,j<u>es</u>us VAZQUEZ, JESUS NAME NAME 13341 S.W. 107 AVENUE 13341 SW 107 AVENUE STREET ADDRESS STREET ADDRESS MIAMI FL 33176 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33176 ☐ Change TITLE ☐ Delete TITLE Puig, Evelyn NAME NAME 13341 S.W. 107 AVENUE STREET ADDRESS STREET ADDRESS miari, EL 33176 CITY-ST-ZIP CITY-ST-ZIP. ☐ Change Addition ☐ Delete TITLE TITLE Puic, Elena NAME NAME 13300 S.W. 22 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 other like empowered.

SIGNATURE: 2

FILED