FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90376 007 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000003081

11038544

1. Entity Name
UBFJ, INC.

Principal Place of Business	Mailing Address
C/O MARTIN R PRESS, ESQ 500 E BROWARD BLVD #1400 FORT LAUDERDALE, FL 33394 US	C/O MARTIN R PRESS, ESQ 500 E BROWARD BLVD #1400 FORT LAUDERDALE, FL 33394 US
2. Principal Place of Business: 7005 NW 46 ST Suite, Apt. #, etc.	3. Mailing Address: 7005 NW 46 ST Suite, Apt. #, etc.
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33166 Country: DADE	Zip: 33166 Country: DADE

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-1081887 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PRESS, MARTIN R ESQ
500 E. BROWARD BLVD., SUITE 1400
FORT LAUDERDALE, FL 33394

7. Name and Address of New Registered Agent

Name: UDI BALVA
Street Address (P.O. Box Number is Not Acceptable): 7005 NW 46 ST
City: MIAMI FL Zip Code: 33166

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: UDI BALVA 4/28/03
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
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSTD ☒ Delete	TITLE	P ☐ Change ☐ Addition
NAME	MILLER, GERALD	NAME	UDI BALVA
STREET ADDRESS	500 E BROWARD BLVD SUITE 1400	STREET ADDRESS	7005 NW 46 ST
CITY-ST-ZIP	FORT LAUDERDALE, FL 33394	CITY-ST-ZIP	MIAMI, FL 33166
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: UDI BALVA 4/28/03 305-599-7081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #