FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90093 003 ***150.00

DOCUMENT # P01000032718

1. Entity Name: B.J. INVESTORS

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 320 S. Flamingo Rd
Suite, Apt. #, etc.: 295
City & State: Pembroke Pines
Zip: 33027 Country: Broward

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1096618 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Pamela Jackson
Street Address (P.O. Box Number is Not Acceptable): 320 S. Flamingo Rd. S295
City: Pembroke Pines FL Zip Code: 33027

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: Pamela 4/22/02
Signature, type 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) ☑

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	Pamela Jackson President + TREASURERS
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	320 S. Pembroke Pines Pembroke Pines, FL. 33027
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

Pamela 4/22/02 (954) 962-3615
SIGNATURE AND DATE OF OFFICER OR DIRECTOR