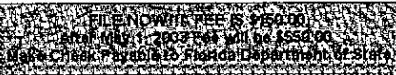
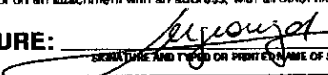


FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90173 048 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000052557			
1. Entity Name BCJ-AMERICA, CORP.			
Principal Place of Business 6905 COLLINS AVE MIAMI BEACH, FL 33141		Mailing Address 6905 COLLINS AVE MIAMI BEACH, FL 33141	
2. Principal Place of Business 8535 BYRON AVE		3. Mailing Address 8535 BYRON AVE	
Suite, Apt. #, etc. SUITE 24		Suite, Apt. #, etc. SUITE 24	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33141	Country USA	Zip 33141	
4. FEI Number 94-3399550		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SUGUIEDA, SERGIO M 6905 COLLINS AVE MIAMI, FL 33141		7. Name and Address of New Registered Agent Name SUGUIEDA, SERGIO M Street Address (P.O. Box Number is Not Acceptable) 8535 BYRON AVE, SUITE 24 City MIAMI FL Zip Code 33141	
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 _____ Signature, typewritten name of registered agent and title if applicable (NOTE: Registered Agent's signature required when re-electing) DATE _____			
		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 NAME STREET ADDRESS CITY-ST-ZIP	PD SUGUIEDA, SERGIO M 6905 COLLINS AVE MIAMI BEACH, FL 33141 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUGUIEDA, SERGIO M 8535 BYRON AVE, SUITE 24 MIAMI, FL 33141 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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:  SERGIO SUGUIEDA		Date 04/21/03	Daytime Phone # 305-992-1638

11009703

☒ CHECK HERE IF MAKING CHANGES

CH2EC34 (10/02)