

5/10

FILED

Jun 03, 2002 8:00 am
Secretary of State

05-10-2002 90062 013 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P01000057759**

1. Entity Name

JUST 1,2,3,4 5\$ CORP.

Principal Place of Business

**16850 COLLINSA AVE #113C
SUNNY ISLES FL 33160**

Mailing Address

**16850 COLLINSA AVE #113C
SUNNY ISLES FL 33160**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1110570

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MONTELLO, LOUIS R**777 BRICKELL AVE STE 1070****MIAMI FL 33131**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed 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)**FILE NOW!!! FEE IS \$150.00****After May 1, 2002 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BRIK, RAUL	
STREET ADDRESS	16850 COLLINSA AVE #113C	
CITY-ST-ZIP	SUNNY ISLES FL 33160	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	BENZAZON, YANNICK	
STREET ADDRESS	16850 COLLINSA AVE #113C	
CITY-ST-ZIP	SUNNY ISLES FL 33160	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	ELI LEVY	
STREET ADDRESS	16850 COLLINSA AVE #113C	
CITY-ST-ZIP	SUNNY ISLES FL 33160	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 20/02

Date

305-9449866

Daytime Phone #

CR2E034 (9/01)