2002 Uniform Business Report (UBR)

SIGNATURE:

Mar 13, 2002 8:00 am P01000060393 DOCUMENT # **Secretary of State** 1. Entity Name R & J INTERNATIONAL HOLDINGS CORP. 03-13-2002 90119 004 ***150.00 Mailing Address Principal Place of Business 241 SEVILLA AVENUE €41 SEVILLA AVENUE 423497 PENTHOUSE 2 PENTHOUSE 2 CORAL GABLES FL 33134 CORAL GABLES FL 33134 3. Mailing Address 2. Principal Place of Business 51 PONCE DE LEON 3*30*0 1200 SW Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For 65-1151568 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JOSE RODRIGUEZ, ESC RODRIGUEZ, JOSE B ESQ. Street Address (P.O. Box Number is Not Acceptable) 241 SEVILLA AVENUE PENTHOUSE 2 **CORAL GABLES FL 33134** taxement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE nt signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation gible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 3 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01 ☐ Delete ☐ Addition TITLE TITLE HADDAD, ROBERTO N NAME 7200 SW 8TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33144** CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE DELREY, JORGE NAME NAME 7200 SW 8TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33144** - Addition :Change TITLE ☐ Delete TITLE NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete DILE 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 enthystee empowered tolexecute 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 attachmen

2-26-02

FILED