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FILED
Jul 09, 2002 8:00 am
Secretary of State
05-21-2002 91190 008 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000064593

1. Entity Name

C. J. & Company Inc. of Miami

38307

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9011 SW 122nd. Ave.	9011 SW 122nd. Ave.
Suite, Apt. #, etc. Apt. No. 106	Suite, Apt. #, etc. Apt. No. 106
City & State Miami, FL.	City & State Miami, FL.
Zip 33186 Country USA	Zip 33186 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1116458 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name Carlos Jimenez

Street Address (P.O. Box Number is Not Acceptable) 9011 SW 122nd. Ave. #106.

City Miami, FL. FL Zip Code 33186

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 Carlos Jimenez 04-30-02
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) ☐

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE DP NAME Carlos Jimenez STREET ADDRESS 9011 SW 122nd Ave. Apt. 106 CITY-ST-ZIP Miami, FL 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE DVP NAME Carmen M. Jimenez STREET ADDRESS 9011 SW 122nd. Ave. Apt. 106 CITY-ST-ZIP Miami, FL 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE DVP NAME Lasmin Jimenez STREET ADDRESS 9011 S.W. 122nd. Ave. Apt. 106 CITY-ST-ZIP Miami, FL 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE DVP NAME Marilisa Jimenez STREET ADDRESS 9011 SW 122nd. Ave. Apt. 106 CITY-ST-ZIP Miami, FL. 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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.

SIGNATURE: Carlos Jimenez, President 04-30-02 (305) 710-3087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #