2002 UNIFORM BUSINESS REPORT (UBR)

Jul 23, 2002 8:00 am Secrétary of State DOCUMENT # P01000107684 1. Entity Name 04-02-2002 90048 028 ***150.00 CVJES, INC. Principal Place of Business Mailing Address 161 NW 32 PLACE 161 NW 32 PLACE MIAMI FL 33125 MIAMI FL 33125 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zio. Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CASTILLO, CANDIDO A Street Address (P.O. Box Number is Not Acceptable) 161 NW 32 PLACE **MIAMI FL 33125** City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Addition ☐ Delete TITLE Change ANDUJAR, LUIS A NAME 161 NW 32 PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33125** CITY-ST-ZIP ☐ Delete TITLE Addition TITLE CD ☐ Change NAME NAME CATILLO, CANDIDO STREET ADDRESS STREET ADDRESS 161 NW 32 PLACE CITY-ST-ZIP CITY-ST-ZIF **MIAMI FL 33125** TITLE □ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition □ Delete ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME

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.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE REQUIRED

Date

Daytime Phone #

FILED

4/2/02-90048-028-\$150.00-\$150.00

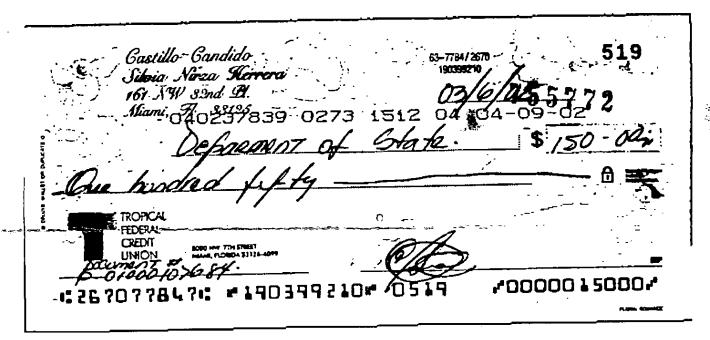
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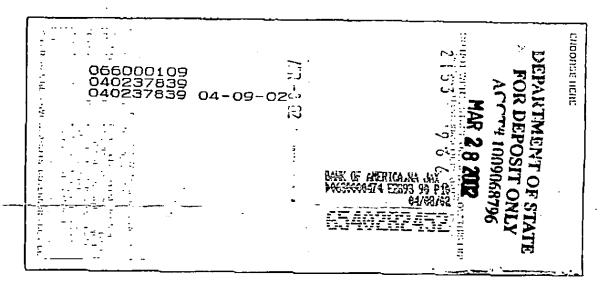
2002 Uniform Business Report (UBR)

DOCUMENT # P01000107684 1. Entity Name CVJES, INC.					Dettachment			
Principal Place of Business 161 NW 32 PLACE MRAMI FL 33125		Mailing Address 161 NW 32 PLACE MANI FL 33125			HttAchment 39352			
2. Principal F	Place of Business	3. Mailing Address						
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		\dashv	DO NOT WRITE IN THIS SPACE			
City & State		City & State			S-1157262.		Applied For	
Zip	Country	Zip	Country		1 202	\$8.75 A	dditional	
6 Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name								
CASTILLO, CANDIDO A 161 NW 32 PLACE MIANI FL 33125			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
,			City			FL Zp Co	de	
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								
9. This corpo Tax filing ((See criter	! FEE IS \$150.00 !2 Fee will be \$550.0 le to Department of \$		10. Election Campaign Financi Trust Fund Contribution.		00 May Be ad to Fees			
11.	OFFICERS AND D		12.	ADO	ITIONS/CHANGES TO OFFICER	S AND DIRECTO		
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TITLE NAME STREET ADDRESS CITY+ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
13. I hereby c	ertify that the information supplied with th	is filing does not qualify for t	<u> </u>	Section 11	9.07(3)(i), Florida Statutes. I furth	er 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 outly that if 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.

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