FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2004 8:00 am
Secretary of State
01-21-2004 90007 018 ***150.00

DOCUMENT # P02000017503

1. Entity Name: L.T.J. INVESTMENTS

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
4775 COLLINS AVE		c/o DIEGO ALVADO	
Suite, Apt. #, etc. # 2308		Suite, Apt. #, etc. 980 NW 135th Street	
City & State MIAMI BEACH		City & State NORTH MIAMI, FL	
Zip FL	Country 33140	Zip 33168	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3629324 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CLAUDIO V. LOPEZ
Street Address (P.O. Box Number is Not Acceptable): 4775 Collins AVE # 2308
City: MIAMI BEACH FL Zip Code: 33140

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 ______________________________ DATE
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 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 / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
P LOPEZ, CLAUDIO V 4775 Collins AVENUE # 2308 MIAMI BEACH, FL 33140		
P JARA DE LOPEZ, NELIDA C 4775 Collins Ave # 2308 MIAMI BEACH, FL 33140		

DO NOT WRITE IN THIS SPACE

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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] OWNER 01/17/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #