

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90511 024 \*\*\*150.00

**DOCUMENT # P02000053563**

1. Entity Name

T.S.J. CORPORATION



Principal Place of Business

16543 NW 27 AVE  
OPA LOCKA FL 33054

Mailing Address

16543 NW 27 AVE  
OPA LOCKA FL 33054

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

01-0701971

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



## 6. Name and Address of Current Registered Agent

PEREZ, STEPHEN F  
17125 NW 87 AVE  
MIAMI FL 33015

## 7. Name and Address of New Registered Agent

Name

MIGUEL A PEREZ

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

17125 NW 87 AVE

City

MIAMI FL 33015

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)

DATE

1/07/03

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE PD  
NAME PEREZ, STEPHEN F  
STREET ADDRESS 17125 NW 87 AVE  
CITY-ST-ZIP MIAMI FL 33015 ☒ Delete

TITLE STD  
NAME CAMARGO, ANA N  
STREET ADDRESS 17125 NW 87 AVE  
CITY-ST-ZIP MIAMI FL 33015 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P.D.  
NAME MIGUEL A PEREZ  
STREET ADDRESS 17125 NW 87 AVE  
CITY-ST-ZIP MIAMI FL 33015-3511 ☐ Change ☒ Addition

TITLE S.T.D.  
NAME JESUS PEREZ  
STREET ADDRESS 4781 SW FIRST ST APT REAR  
CITY-ST-ZIP MIAMI FL 33134 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 10 or Block 11 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

Date

Daytime Phone #

1/07/03

CR2E034 (10/02)