

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90070 048 ***150.00

DOCUMENT # P02000077382

1. Entity Name

The LMJ Group International, Inc



DO NOT WRITE IN THIS SPACE

24007655

2. Principal Place of Business
1005 Kane Concourse

3. Mailing Address
1005 Kane Concourse

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.
210

Suite, Apt. #, etc.
210

City & State
Miami, Florida

City & State
Miami, Florida

4. FEI Number
13-4204007

Applied For
Not Applicable

Zip
33154

Country
USA

Zip
33154

Country
USA

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
Martin, Enrique ESQ.

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

1111 Brickell Avenue - Suite 2500

City
Miami

FL Zip Code
33131

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	NAME	STREET ADDRESS	CITY-ST-ZIP
D	LeAnne M. Johnson	1005 Kane Concourse - #210	Miami Florida 33154

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

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEANNE M. JOHNSON 1/30/04 305-358-0330

Date

Daytime Phone #

CR2E034B (12/02)