FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State
03-31-2002 90370 045 ***150.00

DOCUMENT # P94000074649

1. Entity Name
JULIAN ENTERPRISES INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8045 NW 36th STREET	8045 NW 36th STREET
Suite, Apt. #, etc.: 532	Suite, Apt. #, etc.: 532
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33166 Country: US	Zip: 33166 Country: US

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4. FEI Number: 65-0525677 ☐ 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: GONZALEZ, DOMINGO
Street Address (P.O. Box Number is Not Acceptable): 8045 NW 36th STREET
STE. 532
City: MIAMI, **FL** Zip Code: 33166

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	PS GONZALEZ, DOMINGO 8045 NW 36 STRET, STE 532 MIAMI, FL 33166
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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: Domingo Gonzalez - DOMINGO GONZALEZ 3/12/02 (305)871-9140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #