

2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** P94000080899  
**1. Entity Name:**  
 J.C.J., II, CORP.

**Principal Place of Business**      **Mailing Address**  
 C/O COLONIAL PRESS      C/O COLONIAL PRESS  
 INTERNATIONAL, INC.      INTERNATIONAL, INC.  
 3690 NW 50TH STREET      3690 NW 50TH STREET  
 MIAMI, FLORIDA 33142      MIAMI, FLORIDA 33142

**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**  
65-0543289      **Applied For**  
Not Applicable

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 CARLOS DE LA OSA  
 4960 SW 72ND AVENUE  
 MIAMI, FLORIDA 33155

**7. Name and Address of New Registered Agent**  
**Name** MICHAEL B. AXMAN, ESQ.  
**Street Address (P.O. Box Number is Not Acceptable)**  
 2601 SOUTH BAYSHORE DRIVE SUITE 1600  
**City** MIAMI      **FL**      **Zip Code** 33133

**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** MICHAEL B. AXMAN      **DATE** SEPTEMBER 20, 2001  
Signature, typed or printed name of registered agent and title (if applicable)      (NOTE: Registered Agent signature required when re-issuing)

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**  **FILE NOW!!! FEE IS \$15.00 AFTER MAY 1, 2001 Fee will be \$50.00 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**       Delete

|                       |                      |                                 |
|-----------------------|----------------------|---------------------------------|
| <b>TITLE</b>          | D/P                  | <input type="checkbox"/> Delete |
| <b>NAME</b>           | GOMEZ, JOSE A.       |                                 |
| <b>STREET ADDRESS</b> | 3690 NW 50TH STREET  |                                 |
| <b>CITY- ST- ZIP</b>  | MIAMI, FLORIDA 33142 |                                 |
| <b>TITLE</b>          | D/VP/S/T             | <input type="checkbox"/> Delete |
| <b>NAME</b>           | GARCIA, CARLOS       |                                 |
| <b>STREET ADDRESS</b> | 3690 NW 50TH STREET  |                                 |
| <b>CITY- ST- ZIP</b>  | MIAMI, FLORIDA 33142 |                                 |
| <b>TITLE</b>          |                      | <input type="checkbox"/> Delete |
| <b>NAME</b>           |                      |                                 |
| <b>STREET ADDRESS</b> |                      |                                 |
| <b>CITY- ST- ZIP</b>  |                      |                                 |
| <b>TITLE</b>          |                      | <input type="checkbox"/> Delete |
| <b>NAME</b>           |                      |                                 |
| <b>STREET ADDRESS</b> |                      |                                 |
| <b>CITY- ST- ZIP</b>  |                      |                                 |
| <b>TITLE</b>          |                      | <input type="checkbox"/> Delete |
| <b>NAME</b>           |                      |                                 |
| <b>STREET ADDRESS</b> |                      |                                 |
| <b>CITY- ST- ZIP</b>  |                      |                                 |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**       Change       Addition

|                       |  |   |
|-----------------------|--|---|
| <b>TITLE</b>          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>           |  |   |
| <b>STREET ADDRESS</b> |  |   |
| <b>CITY- ST- ZIP</b>  |  |   |
| <b>TITLE</b>          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>           |  |   |
| <b>STREET ADDRESS</b> |  |   |
| <b>CITY- ST- ZIP</b>  |  |   |
| <b>TITLE</b>          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>           |  |   |
| <b>STREET ADDRESS</b> |  |   |
| <b>CITY- ST- ZIP</b>  |  |   |
| <b>TITLE</b>          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>           |  |   |
| <b>STREET ADDRESS</b> |  |   |
| <b>CITY- ST- ZIP</b>  |  |   |

000004629340--3  
 -10/10/01 01027-019  
 \*\*\*\*300.00 \*\*\*\*300.00

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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.**

**SIGNATURE:**      **JOSE A. GOMEZ, PRESIDENT**      **9/20/01**      **(305) 633-1581**  
Signature and typed or printed name of signing officer or director      Date      Filing Office #

FILED  
 01 SEP 27 PM 3:04  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR20034 (1/00)

DD-01UBR TS

**ADORNO & ZEDER**

A PROFESSIONAL ASSOCIATION

2601 SOUTH BAYSHORE DRIVE  
SUITE 1600

MIAMI, FLORIDA 33133  
TELEPHONE (305) 858-5555  
FACSIMILE (305) 858-4777  
www.adorno.com

**FEDERAL EXPRESS**

September 27, 2001

Mr. Tyrone Scott  
Florida Secretary of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

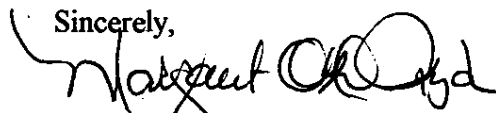
**J.C.J., II, CORP.**  
**2001 UNIFORM BUSINESS REPORT**

Dear Mr. Scott:

Enclosed herein for filing with the Florida Department of State is the original and fully executed Florida 2001 Uniform Business Report for the captioned corporation, which was administratively dissolved in 2000. This will confirm that the Company did not receive its 2000 Uniform Business Report and request that all penalties be waived. Enclosed is a check in the amount of \$300.00 made payable to the Florida Department of State for the original filing fees for the year 2000 and 2001.

Please acknowledge receipt of this filing by stamping the enclosed copy of this letter and return the same to me in the enclosed self-addressed, stamped envelope. If you have any questions, please call me at (305) 860-7362.

Sincerely,



Margaret O'D. Ryder  
Legal Assistant

Enclosures

cc: Jose A. Gomez (w/enc)