

FILED

02 MAY 13 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000080899**

1. Entity Name

J.C.J., II, CORP.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business c/o Colonial Press International Suite, Apt. #, etc. 3690 NW 50th Street City & State Miami, FL Zip 33142 Country USA		3. Mailing Address c/o Colonial Press International Suite, Apt. #, etc. 3690 NW 50th Street City & State Miami, FL Zip 33142 Country USA	
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4. FEI Number 65-0543289	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current 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

Signature, typed or printed name of registered agent and UBR is applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

RECEIVED - MAY 1 10:54 AM 2002
ADORNO & ZEDER
STATEMENT UBR IS 305-22-
PLEASE 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	D/P Gomez, Jose A. 3690 NW 50th Street Miami, FL 33142	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP/S/T Garcia, Carlos 3690 NW 50th Street Miami, FL 33142	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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)(f), 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 empowerments.

SIGNATURE:

Jose A. Gomez, President

(305) 633-1581

SIGNATURE AND TITLED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

8/702

Office Phone #