	UNIFORM BUS			10/6
1. Entity Name	MENT # P97000	M KOALTY	Inc.	FILED
	£ (00111	10 (QH117)	~ ~~ ,	00 AUG 14 PH 12: 13
Principal Place		Mailing Address		
1.00	30 S W. 4000 SVITE B	•	(SAMe)	SECHETARY OF STATE TALLAHASSEE, FLORIDA
Min	SUITE B mi, Fl. 3310	65		
	ace of Business	3. Mailing Address		
Suite, Apt.		Suite, Apt. #, etc.		98-00 WRITEN GAZ
City & State	•	City & State	. •	Applied For Not Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
~ 1	· .		 Name	7. Name and Address of New Registered Agent
. E.9	6. Name and Address of Current Registered Agent 10 AT 40 Zivsech 0 0 30 S. W. 40 at . S-B Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code e named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
,,,,	7711W / 1 1 5	2160	City	FL Zip Code
8. The above	named entity submits this statement f	or the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida.
SIGNATURE .				DATE
9. This corpo Tax filing re	Signature, typed or printed name or registered agent ration is eligible to satisfy its Intangible equirement and elects to do so.	e FILE NOW!	II FEE IS \$150.00 00 Fee will be \$550.0 le to Department of S	10. Election Campaign Financing \$5,00 May Be Trust Fund Contribution. Added to Fees
11.	Presi Now T OFFICERS AND	DIRECTORS	I 12. I TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME	AUTHORY WILL 255 atlantic	S/VJ	NAME	700003385979-04400 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
STREET ADDRESS CITY-ST-ZIP	Key LArgo, &	1. 33 037	STREET ADDRESS CITY-ST-ZIP	****450.00 ****450.00 &
TITLE NAME	DIRECTOR	☐ Delete	TITLE NAME	Change Addition C
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
TITLE	Director	Delete	TITLE	. Change Addition
STREET ADDRESS	Eduardo Riusech 10020 S.W. 4001 Minmi, Fl. 3	FFB	STREET ADDRESS CITY-ST-ZIP	`
CITY-ST-ZIP TITLE	MIAM, FI. 3	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME Street Address	
CITY-ST-ZIP TITLE		☐ Delete	CITY-ST-ZIP TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	LS
CITY-ST-ZIP			CITY-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		<u>↓</u> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
indicated of the cor	an this raport or augustamental raport	is true and accurate and that r powered to execute this report	ny signature shall have t as required by Chapter	n Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if
SIGNAT	URE:	PRINTED NAME OF SIGNING OFFICER	Derector	8/10/00 365-207-9799 Date Davime Phone #

Eduardo Riusech, P.A. Attorney at Law 2012

10030 S.W. 40TH STREET
SUITE B
MIAMI, FLORIDA 33165

July 10, 2000

TELEPHONE (305) 207-9599 FAX (305) 207-8849

State of Florida Department of State Division of Corporation PO Box 6327 Tallahassee, Florida 32314

> RE: CUJAM, Realty, Inc. Corp. # P97000043129

Gentlemen:

This letter confirms my telephone conversation of last week with your office whereby I advised you of the following: (a) That the above captioned corporations prior address was my office; (b) That on the same year of incorporation, my law offices were relocated to our present location; to wit:

CUJAM, Realty, Inc. C/O Eduardo Riusech, P.A. 10030 SW 40th Street, Suite B Miami, Florida 33165

Pursuant to your instructions, enclosed is my check for the sum of \$450.00 to cover the reinstatement fee. I thank you in advance for your expedient attention to this matter.

Yours Truly

Eduardo Riusech, Esq.

ER/cm

Enclosure