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2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90013 012 ***150.00

DOCUMENT # P97000089053

1. Entity Name
CJL, INC.

Principal Place of Business
1001 W. CYPRESS CREEK BLVD., SUITE 320
FT. LAUDERDALE FL 33309

Mailing Address
1001 W. CYPRESS CREEK BLVD., SUITE 320
FT. LAUDERDALE FL 33309-1950

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 1250 N.E. 125 ST
Suite, Apt. #, etc.: 316
City & State: No. MIAMI, FL
Zip: 33161 Country:

3. Mailing Address: 1250 N.E. 125 ST
Suite, Apt. #, etc.: 316
City & State: No. MIAMI, FL
Zip: 33161 Country:

4. FEI Number: 65-0796370 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MUNOZ, CONNIE D
1001 W. CYPRESS CREEK BLVD., SUITE 320
FT. LAUDERDALE FL 33309

7. Name and Address of New Registered Agent
Name: CONNIE D. MUNOZ
Street Address (P.O. Box Number is Not Acceptable): 1250 N.E. 125 ST. - #316
City: No. MIAMI FL Zip Code: 33161

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) ☑

FILE NOW!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
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

TITLE	D
NAME	MUNOZ, CONNIE D
STREET ADDRESS	1250 NE 125TH ST.
CITY-ST-ZIP	N. MIAMI FL 33161

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Connie Munoz — April 26, 2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #