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2002 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

Feb 18, 2002 8:00 am **DOCUMENT #** P98000000059 **Secretary of State** 1. Entity Name GO JOE PROPERTY MANAGEMENT, INC. 02-18-2002 90128 034 ***150.00 Principal Place of Business Mailing Address 8703 BISCAYNE BLVD 8703 BISCAYNE BLVD MIAMI SHORES FL 33138 MIAMI SHORES FL 33138 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0806068 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KELLEY, CHRISTOPHER P Street Address (P.O. Box Number is Not Acceptable) 11098 BISCAYNE BLVD, SUITE 205 **MIAMI FL 33161** City Zip Code 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition CR2E034 (9/01 NAME OYARZUN, GEORGE NAME 8703 BISCAYNE BLVD STREET ADDRESS STREET ADDRESS MIAMI SHORES FL 33138 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME MIER, JOSE NAME STREET ADDRESS STREET ADDRESS 8703 BISCAYNE BLVD MIAMI SHORES FL 33138 CITY-ST-ŽIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 receive of trustee empowered of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if