

# 2000 UNIFORM BUSINESS REPORT (UBR)

1062

DOCUMENT # P98000013457

1. Entity Name R. J. INTERNATIONAL, INC.

FILED

00 SEP 27 AM 11:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
10321 S.W. 119 STREET  
MIAMI FL, 33176

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

99-00 UBR

4. FEI Number ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JIMENEZ, ROSS  
10321 S.W. 119 STREET  
MIAMI FL, 33176

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

*Ross Jimenez*

Signature, typed or printed name of registered agent and title if 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)

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME P/D JIMENEZ, ROSS ☐ Delete  
STREET ADDRESS 10321 S.W. 119 STREET  
CITY-ST-ZIP MIAMI FL 33176

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 800003416248--9  
CITY-ST-ZIP -10/06/00--01023--002

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS \*\*\*300.00  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE NAME ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

*Ross Jimenez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LS

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R.J. INTERNATIONAL, INC.  
DOC.# P98000013457

TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

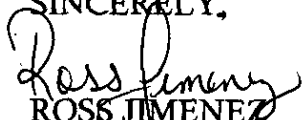
TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS YOU WILL FIND THE UNIFORM BUSINESS  
REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA  
DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED  
CORPORATION.

DUE TO A CHANGE OF MAILING AND PRINCIPAL ADDRESS I NEVER  
RECEIVED FIRST NOR SECOND NOTICE OF SUCH REPORT.

THANK YOU FOR YOUR COURTESY IN THIS MATTER AND IF YOU SHOULD  
HAVE ANY QUESTIONS REGARDING THIS LETTER PLEASE DON'T HESITATE  
TO CONTACT ME IN THE ADDRESS LISTED IN THE UNIFORM BUSINESS  
REPORT.

SINCERELY,

  
ROSS JIMENEZ  
PRESIDENT