2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2003 8:00 am
Secretary of State
05-19-2003 90214 002 ***150.00

90136749

DOCUMENT# **P98000014940**

1. Entity
PJ SOLUTIONS INC.

Principal Place of	Mailing
8402 W. SAMPLE ROAD #139 CORAL SPRINGS FL 33065	8402 W. SAMPLE ROAD #139 CORAL SPRINGS FL 33065

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country USA	Zip	Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-0813140
☐ Applied For
☐ Not Applicable

5. Certificate of Status ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of Now Registered Agent
MOREIRA, PAULO 8402 W. SAMPLE ROAD #139 CORAL SPRINGS FL 33065	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 may Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PVTSD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MOREIRA, PAULO		NAME	
STREET ADDRESS	8402 W. SAMPLE ROAD # 139		STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Chang ☐ Additi
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
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NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone #