2002 Uniform Business Report (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Mar 13, 2002 8:00 am § DOCUMENT # P98000035593 **Secretary of State** 1. Entity Name 03-13-2002 90123 046 ***150.00 C.J. DEVELOPMENT OF SOUTH FLORIDA. INC. Principal Place of Business Mailing Address 10300 SUNSET DRIVE. #470-J P.O. BOX 16-0994 **MIAMI FL 33116 MIAMI FL 33173** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied.For City & State City & State 4. FEI Number 65-0830088 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PEREIRA, JOSEPH A JR. Street Address (P.O. Box Number is Not Acceptable) 10300 SUNSET DRIVE, #470-J **MIAMI FL 33116** 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01) **PSTD** Delete TITLE X Change Addition CAMARAZA, JESUS 9001 SW122 PL 1PT 929 NAME NAME 13190 S.W. 194 AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33186** CITY-ST-7IP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITI F TITLE 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

JECUS CAMAGAZA