FILED Apr 25, 2003 8:00 am Secretary of State

04-25-2003 90190 031 ***150.00

UNIFORM	BUSINESS REPORT
DOCUMENT # 1. Entity Name B.J.Z INVESTMENTS, IN	P98000044031



Principal Place of Business Mailing Address 8958 N.W.152ND LANE 8958 N.W.152ND LANE MIAMI FL 33018 MIAMI FL 33018 -3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

- V - V V I II

City & State City & State 4. FEI Number Applied For 65-0871763 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

GUZMAN, JOSE M 8958 N.W.152ND LANE **MIAMI FL 33018**

Name	•			
Street Address (P.O. E	Box Number is Not Acceptal	ole)		
City	<u></u>	EI.	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

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

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change Addition TITLE ☐ Delete TITLE GUZMAN, JOSE M NAME NAME STREET ADDRESS 8958 N.W.152ND LANE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33018 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME GUZMAN. ZUNILDA NAME STREET ADDRESS 8958 N.W.152ND LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33018** TITLE SD ☐ Delete TITLE ☐ Change ☐ Addition NAME GUZMAN, BENCIO NAME STREET ADDRESS 8958 N.W.152ND LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33018 TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 bestee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attachment wij

SIGNATURE: