## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE:

## May 16, 2002 8:00 am Secretary of State **DOCUMENT #** P98000065246 1. Entity Name 05-16-2002 90046 041 \*\*\*150.00 FJ REALTY CORPORATION Mailing Address Principal Place of Business 8195 WEST 20 AVENUE BULLAB 8195 WEST 20 AVENUE HIALEAH FL 33014 HIALEAH FL 33014 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0897176 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BERENGER, JOSE M 2801 PONCE DE LEON BLVD. MIAMI FL 33134 Zip Code hanging its registered office or registered agent, or both, in the State of Florida. $\frac{\mathcal{U}}{\mathcal{U}} = \frac{\mathcal{U}}{22 - 02}$ (NOTE: Registered Agent signature required when reinstating) SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation h is elizible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. OFFICERS AND DIRECTORS 11. Change ☐ Addition TITLE TITI F ☐ Delete NAME **GOMEZ DE CORDOVA, JOSE** NAME STREET ADDRESS 8195 WEST 20 AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP HIALEAH FL 33014 ☐ Addition Change TITLE ☐ Delete NAME GOMEZ DE CORDOVA, MARTA NAME STREET ADDRESS STREET ADDRESS 8195 WEST 20 AVENUE CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33014 ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-CITY-ST-ZIP TITLE ☐ Channe ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 employers to execute this report is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED