

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90113 005 ***150.00

DOCUMENT # *P99000001831*

1. Entity Name
F.R.J. Corp.
P.O. Box 694955
MIAMI, FL. 33269



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
14001 N.W. 4th ST.

3. Mailing Address

Suite, Apt. #, etc.
APT 205

Suite, Apt. #, etc.

City & State
Pembroke Pines, FL

City & State

4. FEJ Number
65-0886439

Applied For
Not Applicable

Zip
33028

Country
DADE

Zip

Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
MR. FREDDIE JIMENEZ

Street Address (P.O. Box Number is Not Acceptable)
14001 N.W. 4th ST.

205

City *Pembroke Pines, FL* Zip Code *33028*

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

Freddie Jimenez
(NOTE: Registered Agent signature required when reinstating)

3-17-03
DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPTS
FREDDIE JIMENEZ
P.O. Box 694955
MIAMI, FL. 33269

TITLE
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CITY-ST-ZIP

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-03 *954-5206/33*
Date Daytime Phone #

CR2E034B (12/02)