

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90952 038 ***150.00

DOCUMENT # **P99000027961** ✓

Entity Name
PJ EXPRESSIONS INTERNATIONAL CORP.

Principal Place of Business Mailing Address
INTERNATIONAL MERCHANDISE MART. (SAME)
77 N.W. 72nd Avenue, Suite 1-CC-4
MIAMI, FLORIDA 33126

Principal Place of Business
SAME
 Suite Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
SAME
 Suite, Apt. #, etc.
 City & State
 Zip Country

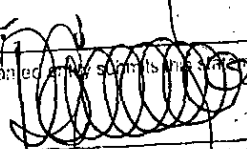
DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0909644** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
PABLO GUEDEZ
9049 Carlyle Ave.
SURFSIDE, FL 33154

7. Name and Address of New Registered Agent
 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  **PABLO GUEDEZ** DATE **APRIL 26/2000**

9. THIS CORPORATION is eligible to elect S-Corporation status for federal income tax purposes and elects to do so. (See criteria on back) ☐

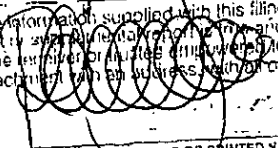
FILE NOW!!! FEE IS \$150.00
AFTER MAY 17, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fee

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this 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 person or persons authorized 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, name or other like empowered.

SIGNATURE:  **PABLO GUEDEZ** DATE **APRIL 26/2000** BACKED PHONE # **305-3427197**