

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000034772**

1. Entity Name

**A30+J, INC.****FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90008 011 \*\*\*150.00

Principal Place of Business

Mailing Address

**3109 GRAND AVENUE. PMB #273  
MIAMI FL 33133****3109 GRAND AVENUE. PMB #273  
MIAMI FL 33133-5103**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**65-0921369**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****PUIG, JOSE R ESQ  
LAW OFFICES OF JOSE R. PUIG PA  
600 BRICKELL AVENUE SUITE 200  
MIAMI FL 33131**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 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 Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

| TITLE | NAME            | STREET ADDRESS                | CITY-ST-ZIP           | <input type="checkbox"/> Delete | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|-----------------|-------------------------------|-----------------------|---------------------------------|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| PD    | SMIT, OLAV      | 3109 GRAND AVENUE SUITE 273   | MIAMI FL 33133        | <input type="checkbox"/>        |       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
| VD    | PUIG, JOSE R    | 600 BRICKELL AVENUE SUITE 200 | MIAMI FL 33131        | <input type="checkbox"/>        |       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
| VD    | FRANCO, ALFREDO | 2431 SW 28 STREET             | MIAMI FL 33133        | <input type="checkbox"/>        |       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
| SD    | ALBELO, ALAN    | 1208 S DOUGLAS ROAD #3        | CORAL GABLES FL 33134 | <input type="checkbox"/>        |       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
| TD    | MESA, ALFREDO   | 2721 SW 33 AVENUE             | MIAMI FL 33133        | <input type="checkbox"/>        |       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |                 |                               |                       | <input type="checkbox"/>        |       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Olav Smit 4/18/2000 305-448-8054**

CR2E034 (9/99)