

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-17-2000 90934 040 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000038150

1. Entity Name
FCJ GROUP, INC.

Principal Place of Business
 6731 N.W. 111TH AVE.
 MIAMI FL 33178

Mailing Address
 6731 N.W. 111TH AVE.
 MIAMI FL 33178-3710

2. Principal Place of Business
5757 COLLINS AVE
 Suite, Apt. #, etc.
1604
 City & State
MIAMI BEACH - FL
 Zip
33140 | Country

3. Mailing Address
5757 COLLINS AVE
 Suite, Apt. #, etc.
1604
 City & State
MIAMI BEACH - FL
 Zip
33140 | Country

4. FEI Number **650 94 0662** | Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

JORGE, FERNANDO C
 6731 N.W. 111TH AVE.
 MIAMI FL 33178

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
5757 COLLINS AVE - suite 1604
 City **MIAMI BEACH - FL** | Zip Code **33140**

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  (NOTE: Registered Agent signature required when reinstating)

DATE **4/10/00**

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

TITLE	D	<input type="checkbox"/> Delete
NAME	JORGE, FERNANDO C	
STREET ADDRESS	6731 N.W. 111TH AVE.	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	D	<input type="checkbox"/> Delete
NAME	JORGE, DENISE	
STREET ADDRESS	6731 N.W. 111TH AVE.	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5757 COLLINS AVE - suite 1604	
CITY-ST-ZIP	MIAMI BEACH - FL 33140	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5757 COLLINS AVE - suite 1604	
CITY-ST-ZIP	MIAMI BEACH - FL 33140	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 **4/10/00** DAYTIME PHONE # **(305) 866-6222**

CR2E034 (9/99)