2001 Uniform Business Report (UBR) FILED DOCUMENT # **P990000**42752 May 22, 2001 8:00 am 1. Entity Name Secretary of State F. J. S. CORP. 05-22-2001 90016 020 ***150.00 Principal Place of Business Mailing Address 749 HUNTING LODGE DRIVE 749 HUNTING LODGE DEIVE MIAMI SPRINGS FL 33166 MIAMI SPRINGS FL 33166 2. Principal Place of Business 3. Mailing Address 749 HUNTING LODGE DRIVE 749 HUNTING LODGE DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE MISMI SPRINGS City & State City & State 4. FEI Number Applied For MAIM MIAMI 65-094262 Not Applicable Zip Zip Country \$8.75 Additional 331<u>66</u> 5. Certificate of Status Desired DADE 33\G(Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHARLES C MEIGS FAUSTO A MALDONADO Street Address (P.O. Box Number is Not Acceptable) 785 HW 37 AVE #279 HUNTING LODGE DRIVE MIAMI FC 33172 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 CHARLES FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001, 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 T.EV.S TITLE TITLE PRES. Delete CHARLES C MEIGS NAME FAUSTO A MALDONADO NAME 749 HULLTING LODGE DEIVE STREET ADDRESS 785 NW 37 AVE # 279 STREET AUDRESS MIAMI SPRINGS FC 33166 CITY-ST-ZIP MIAMI FL 33172 CITY-ST-7IP TITLE TITLE CHARLES C MEIGS NAME FAUSTO A MALDONADO NAME 749 HUNTING LODGE DRIVE STREET ADDRESS 785 HW. 37 AVE # 279 STREET ADDRESS CITY-ST-7IP MIAMI SPEINGS FL 33164 MIAMITEL 33172 CITY-ST-ZIP TITLE ☐ Change Delete -TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLÉ ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ÎITLE ☐ Delete Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: