

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

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90030 032 ***158.75

DOCUMENT # P99000046449

1. Entity Name

PJB ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

A.A. 270080

Suite, Apt. #, etc.

3. Mailing Address

2588 SW 27TH AVE.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BOGOTA, D.C.

Zip

Country

COLOMBIA

City & State

MIAMI, FL

Zip

Country

USA

4. FEI Number

52-2180646

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

BAUTISTA, PEDRO

Street Address (P.O. Box Number is Not Acceptable)

2588 SW 27TH AVE.

City

MIAMI

FL

Zip Code
33133

**DO NOT WRITE
IN THIS SPACE**

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)



January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 PD
NAME BAUTISTA, PEDRO
STREET ADDRESS A.A. 270080
CITY-ST-ZIP BOGOTA, D.C., COLOMBIA, S.A.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 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 #

CR2E034B (12/01)