

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90413 044 ***158.75

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

DOCUMENT # P99000046449

1. Entity Name

PJB ENTERPRISES, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2121 PONCE DE LEON BLVD.

3. Mailing Address

2121 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

SUITE 240

Suite, Apt. #, etc.

SUITE 240

City & State

CORAL GABLES, FLORIDA

City & State

CORAL GABLES, FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number

522180646

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name PRATS, GABRIEL

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

2121 PONCE DE LEON BLVD., SUITE 240

City CORAL GABLES

FL

Zip Code
33134

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DPST
BAUTISTA, PEDRO
2121 PONCE DE LEON BLVD., SUITE 240
CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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12. 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 10 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 #

Pedro Bautista 4/25/03 444-8333

CR2E0345 (12/02)