

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P99000068170

1. Entity Name

BARJOB CORPORATION NO. 2

Principal Place of Business

5313 COLLINS AVENUE
APT. 206
MIAMI BEACH FL 33140

Mailing Address

5313 COLLINS AVENUE
APT. 206
MIAMI BEACH FL 33140-2525

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

05-0940944

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COFINO, PEDRO A. ESQ.
COFINO & GONGORA
407 LINCOLN ROAD SUITE 2B
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name JORGE SMULSKI

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

5313 Collins Ave No. 206

City MIAMI BEACH

FL 33140

8. The above named agent submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, based on printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

Jorge O. Smulski - President 6-2-00

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
NAME SMULSKI, JORGE
STREET ADDRESS 5313 COLLINS AVENUE APT. 206
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Vice President
NAME GONZALEZ, NOBLE
STREET ADDRESS 1201 NW 103 ST
CITY-ST-ZIP MIAMI FL 33142

TITLE Treasurer
NAME CARLOS BARBIERI
STREET ADDRESS 1201 NW 103 ST
CITY-ST-ZIP MIAMI FL 33142

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
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 registrar 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 #

Jorge O. Smulski 7-10-00 (305) 926-5819

CR2034 (9/99)