FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State
04-23-2002 90440 048 ***150.00

DOCUMENT #: P99000073780

1. Entity Name
NSJJ Beach. Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
300 South Pointe Dr Apt 2903 Miami Beach, Fla. 33139	300 South Pointe Dr. Apt 3903 Miami Beach, Fla. 33139
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0886087 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Franco Jack

Street Address (P.O. Box Number is Not Acceptable)
2436 Flamingo Drive

Miami Beach Fl. 33140

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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See reverse side) ☐

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D. Franco Jack D 90 Alton Road Unit 1908 Miami Fl. 33139
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Lennon John 300 South Pointe Drive Apt. 506 Miami Beach, Fl. 33139
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. Gross Nachom 300 South Pointe Drive Apt. 3903 Miami Beach, Fl. 33139
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Gross. Sandy 200 South Pointe Drive Apt. 3903 Miami Beach, Fl. 33139
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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: _____ 4/10/02 305 695-9898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #