

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000077184

1. Entity Name
B.J. AMERICAN CORP

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90285 050 ***150.00

Principal Place of Business Mailing Address
5445 COLLINS AVE #905 SAME
MIAMI BEACH - FL - 33140

A0053661

2. Principal Place of Business Suite, Apt. #, etc.
City & State

3. Mailing Address Suite, Apt. #, etc.
City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0945061 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

ADALBERTO OSCAR JAMUT
5445 COLLINS AVE #905
MIAMI BEACH - FL - 33140

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (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) ☐

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 ☐ Delete
NAME PRESIDENTE
STREET ADDRESS ADALBERTO O. JAMUT
CITY-ST-ZIP 5445 COLLINS AVE #905
MIAMI BEACH - FL - 33140

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
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 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/00 305-8680560 Date Daytime Phone #

CR2E034 (9/99)