

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000077184

1. Entity Name

B.J. AMERICAN CORP.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90070 028 ***150.00

Principal Place of Business

C/O ROTH. ROUSSO & BENJAMIN. P.A.
5465 COLLINS AVE #905
MIAMI FL 33140

Mailing Address

C/O ROTH. ROUSSO & BENJAMIN. P.A.
5465 COLLINS AVE #905
MIAMI FL 33140

2. Principal Place of Business

C/O JAMUT, ADALBERTO
5451 Collins Ave #729

3. Mailing Address

SAME

Suite, Apt. #, etc.

APT # 729

Suite, Apt. #, etc.

City & State

City & State

City & State

Miami Beach FL.

Zip

33140

Country

U.S.

Zip

Country

Country

Country

6. Name and Address of Current Registered Agent

ROTH, LEONARDO A
5445 COLLINS AVE #905
MIAMI FL 33140

7. Name and Address of New Registered Agent

Name JAMUT, ADALBERTO O

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

5451 Collins Ave Apt 729

Miami Beach

City

State

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

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

4/18/01

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, 2001 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	DPT	<input type="checkbox"/> Delete
NAME	JAMUT, ADALBERTO O	
STREET ADDRESS	LUGONES 1429 (1431) BUENOS AIRES	
CITY-ST-ZIP	ARGENTINA	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	MARQUEZ, NORMA BEATRIZ	
STREET ADDRESS	LUGONES 1429 (1431) BUENOS AIRES	
CITY-ST-ZIP	ARGENTINA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	JAMUT, ADALBERTO O.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5451 Collins Ave. APT 729	
STREET ADDRESS	Miami Beach FL 33140	
CITY-ST-ZIP		
TITLE	MARQUEZ, NORMA BEATRIZ	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5451 Collins Ave APT 729	
STREET ADDRESS	Miami Beach FL 33140	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

4/18/01

CR2E034 (10/00)