

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000103032

1. Entity Name  
P & J INVESTMENTS USA, INC.

**FILED**  
**Jul 19, 2000 8:00 am**  
**Secretary of State**

07-19-2000 90021 039 \*\*\*550.00

Principal Place of Business

Mailing Address

~~131 RAMIE LANE~~  
~~PORT ST. LUCIE FL 34952~~

~~131 RAMIE LANE~~  
~~PORT ST. LUCIE FL 34952~~

2. Principal Place of Business

3. Mailing Address

1626 SW Cashmere Blvd  
Suite, Apt. #, etc.

1626 SW Cashmere Blvd  
Suite, Apt. #, etc.

City & State

Port St Lucie FL 34953

City & State

Port St Lucie FL 34953

4. FEI Number

65-1010219

Applied For

Not Applicable

Zip

34953

Country

Zip

34953

Country

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~CORTES, PATRICIA P~~  
~~131 RAMIE LANE~~  
~~PORT ST. LUCIE FL 34952~~

Port St Lucie  
1626 SW Cashmere Blvd

7. Name and Address of New Registered Agent

Name: Elvira Gomez  
Street Address (P.O. Box Number is Not Acceptable)

8370 NW 10 St. #1

City: Miami, FL

FL

Zip Code: 33126

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

Elvira Gomez

07-12-2000

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

(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: D  
NAME: CORTES, PATRICIA P  
STREET ADDRESS: 131 RAMIE LANE  
CITY-ST-ZIP: PORT ST. LUCIE FL 34952

☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: DPST  
NAME:   
STREET ADDRESS: 1626 SW cashmere Blvd.  
CITY-ST-ZIP: Port St. Lucie FL 34953-1242  
☒ Change ☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
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CITY-ST-ZIP:   
☐ Change ☐ Addition

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:

Patricia Cortes Patricia Cortes Pres. 5-11-00 (561) 879-6886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #