

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000110163**

1. Entity Name

**MEJISA, INC.****FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90317 043 \*\*\*150.00

Principal Place of Business

**10556 N.W. 26TH STREET  
SUITE 203  
MIAMI FL 33172**

Mailing Address

**10556 N.W. 26TH STREET  
SUITE 203  
MIAMI FL 33172****712257**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**3130 NE 190 ST**

3. Mailing Address

**3130 NE 190 ST**

Suite, Apt. #, etc.

**103**

Suite, Apt. #, etc.

**103**

City &amp; State

**AVENTURA, FL**

City &amp; State

**AVENTURA, FL**4. FEI Number **65-0970842**

Applied For

Not Applicable

Zip

**33180**

Country

Zip

**33180**

Country

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

6. Name and Address of Current Registered Agent

**ARROM, ORLANDO  
10556 N.W. 26TH STREET  
SUITE 203  
MIAMI FL 33172**

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

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, 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 **D** ☐ Delete  
NAME **GODINEZ, JUAN**  
STREET ADDRESS **12821 S.W. 82ND AVENUE**  
CITY-ST-ZIP **MIAMI FL 33156**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition  
NAME **GODINEZ, JUAN**  
STREET ADDRESS **3130 NE 190 ST, #103**  
CITY-ST-ZIP **AVENTURA, FL 33180**TITLE **V** ☒ Change ☐ Addition  
NAME **LOYOLA, IVONNE**  
STREET ADDRESS **3130 NE 190 ST # 103**  
CITY-ST-ZIP **AVENTURA, FL 33180**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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

**JUAN Godinez**

Date

Daytime Phone #

CR2E034 (10/00)