

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90131 047 ***150.00

DOCUMENT # K19701

1. Entity Name

MARJU CORP.

Principal Place of Business

Mailing Address

**169 E FLAGLER ST
 SUITE 1600
 MIAMI FL 33131
 US**

**169 E FLAGLER ST
 SUITE 1600
 MIAMI FL 33131-1211
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0040191

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARRIS, ELLIOTT
 111 SW 3
 6 FL
 MIAMI FL 33130**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	DVP	LINDENFELD, JUDITH	169 E FLAGLER 1620 1600 MIAMI FL				
	DVP	LINDENFELD, MARTIN	169 E FLAGLER 1620 1600 MIAMI FL		D.P. LINDENFELD MARTIN	169 E FLAGLER # 1600	MIAMI FL 33131
	DP	LINDENFELD, CARLOS	169 E FLAGLER 1620 1 MIAMI FL				
	S	LINDENFELD, DANYA	169 E FLAGLER 1620 1600 MIAMI FL				
	VP	LINDENFELD, ELSA	169 E FLAGLER, STE 1600 1600 MIAMI FL				

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]* Danya Lindenfeld

2/7/00 (305)3743677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #