

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**

04-12-2001 90137 001 \*\*\*750.00

**DOCUMENT # P00000114906**

1. Entity Name

**MJ-SUN & CLEAN, INC.**

Principal Place of Business

19500 TURNBERRY WAY #17D  
 AVENTURA FL 33180

Mailing Address

19500 TURNBERRY WAY #17D  
 AVENTURA FL 33180

2. Principal Place of Business

19500 TURNBERRY WAY #17D

3. Mailing Address

19500 TURNBERRY WAY #17D

Suite, Apt. #, etc.  
 #17D

Suite, Apt. #, etc.  
 #17D

City & State  
 AVENTURA FL

City & State  
 AVENTURA FL

Zip  
 33180

Country  
 DADE

Zip  
 33180

Country  
 DADE

4. FEL Number  
 65-1068266

Applied For  
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~VUILLERMIN, MARIE-JOSEE~~  
 19500 TURNBERRY WAY #17D  
 AVENTURA FL 33180

Name  
~~VUILLERMIN, MARIE-JOSEE~~  
 Street Address (P.O. Box Number is Not Acceptable)  
 19500 TURNBERRY WAY #17D  
 AVENTURA FL 33180

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	VUILLERMIN, MARIE-JOSEE	
STREET ADDRESS	19500 TURNBERRY WAY #17D	
CITY-ST-ZIP	AVENTURA FL 33180	
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		

TITLE	PVTS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VUILLERMIN, MARIE-JOSEE	
STREET ADDRESS	19500 TURNBERRY WAY #17D	
CITY-ST-ZIP	AVENTURA FL 33180	
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 207, 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.

**MARIE JOSEE VUILLERMIN**

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-27-2001

Date

Daytime Phone #

CR2E034 (10/00)