

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90038 046 ***150.00

DOCUMENT # P96000050526

1. Entity Name
MJH HOLDINGS INCORPORATED

Principal Place of Business
 96-185 CARLTON ST
 MB CANADA R3C- 3J1

Mailing Address
 MEL HINDS
 96-185 CARLTON ST
 WINNIPEG, MB CANADA R3C
 CA

00016155



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
891 KEBIR PL.
 City & State
WINNIPEG MB.
 Zip
R3T 1X1 Country
CANADA

Suite, Apt. #, etc.
MEL HINDS
891 KEBIR PL.
 City & State
WINNIPEG MB.
 Zip
R3T 1X1 Country
CANADA

4. FEI Number **98-0162543** Applied For
 Not Applicable

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

CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BLVD.
1600 MIAMI CENTER
MIAMI FL 33131

Name **SAME**
 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 D	<input type="checkbox"/> Delete	TITLE HINDS MELVIN J	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HINDS, MELVIN J		NAME HINDS MELVIN J	
STREET ADDRESS 96-185 CARLTON ST		STREET ADDRESS 891 KEBIR PL	
CITY-ST-ZIP WINNIPEG, MB CANADA R3C- 3J1		CITY-ST-ZIP WINNIPEG MB R3T 1X1	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
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TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(1), 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 another like empowered.

SIGNATURE: _____ Date **Feb 10 / 2000** Daytime Phone # **204-475 0536**

CR2E034 (9/99)