

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

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0040191

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

**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

TITLE **DVP** ☐ Delete
 NAME **LINDENFELD, JUDITH**
 STREET ADDRESS **169 E FLAGLER 1600 1600**
 CITY-ST-ZIP **MIAMI FL**

TITLE **DVP** ☐ Delete
 NAME **LINDENFELD, MARTIN**
 STREET ADDRESS **169 E FLAGLER 1600 1600**
 CITY-ST-ZIP **MIAMI FL**

TITLE **DP** ☒ Delete
 NAME **LINDENFELD, CARLOS**
 STREET ADDRESS **169 E FLAGLER 1600 1**
 CITY-ST-ZIP **MIAMI FL**

TITLE **S** ☐ Delete
 NAME **LINDENFELD, DANYA**
 STREET ADDRESS **169 E FLAGLER 1600 1600**
 CITY-ST-ZIP **MIAMI FL**

TITLE **VP** ☐ Delete
 NAME **LINDENFELD, ELSA**
 STREET ADDRESS **169 E FLAGLER, STE 1600 1600**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **D.P.** ☒ Change ☐ Addition
 NAME **LINDENFELD MARTIN**
 STREET ADDRESS **169 E FLAGLER # 1600**
 CITY-ST-ZIP **MIAMI FL 33131**

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

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

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

TITLE ☐ 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:

Danya Lindenfeld
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/00
 Date

(305) 374-3677
 Daytime Phone #