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Sep 16, 2003 8:00 am
Secretary of State
09-02-2003 90191 023 ***158.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000048589

1. Entity Name

MJL INC

DO NOT WRITE IN THIS SPACE

55056603

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
21073 POWERLINE RD Suite, Apt. #, etc.	21073 POWERLINE RD Suite, Apt. #, etc.	
City & State: BOCA RATON FL	City & State: BOCA RATON FL	4. FEI Number: 81-0550352 ☐ Applied For ☐ Not Applicable
Zip: 33433 Country	Zip: 33433 Country	5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MOHAMED EL KABBANY

Street Address (P.O. Box Number is Not Acceptable): 21073 POWERLINE RD

City: BOCA RATON FL Zip Code: 33433

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] DATE: 9/9/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee Is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D NAME MOHAMED KABBANY STREET ADDRESS 21073 POWERLINE RD CITY-ST-ZIP BOCA RATON FL 33433		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D NAME BOZENA KABBANY STREET ADDRESS 21073 POWERLINE RD CITY-ST-ZIP BOCA RATON FL 33433		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] X 8/29/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MOHAMED KABBANY

[signature]