2000 UNIFORM BUS	INESS REPO	RT (UBR)	Amended #61,25
DOCUMENT # 403713	• Th	- Ú	
1. Entity Name M. & J. APTS, INC.	. محکوم [.]		FILED SECRETARY OF STALE OPPISION OF CORPORATIONS
Principal Place of Business	Mailing Address		00 DEC 15 PM 1:17
401 80th Street Miami Beach, Fla. 33141			3000035148839 -12/27/0001078016
2. Principal Place of Business	3. Mailing Address		*****61,25 *****61,25 ******61,25 *******61,25 ************************************
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State	City & State		4. FEI Number Applied For Not Applicable
Zip Country	~ Zip	Country	5. Certificate of Status Desired Fee Required
6. Name and Address of Current	t Registered Agent		7. Name and Address of New Registered Agent
Maria B. Calerrada		Name MA	P.O. Box Number is Not Acceptable)
401 80th St #1 Miami Beach, Fla. 33141		401-90M97.746	
		City MIA	RCH. FL 73°3941
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 Manue of the standard of printed name of registered agent and title of applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
9. This corporation is eligible to satisfy its Intangibl Tax filing requirement and elects to do so. (See criteria on back)	After MAY 1, 200	FEE IS \$150.00 0 Fee will be \$550.00 e to Department of Sta	C-400-140-140-140-140-140-140-140-140-140
11. OFFICERS AND		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
Maria Calcerrada 401 80th ST #1 STREET ADDRESS CITY-ST-ZIP Miami Beach, Fla.	X Delete 33141	STREET ADDRESS 40	adine Ryumshina Achange Addition 866 FEB. 33141
TITLE SD Violet Rehbein AMME 401 80th St STREET ADDRESS Miami Beach, Fla.	□ Delete		ARIONICARA
TITLE TD Sam Bromberg	₩ Delete	CITY-ST-ZIP M	A. B. Change Addition
NAME 401 80th St STREET ADDRESS Miami Beach, Fla.	33141	NAME STREET ADDRESS CITY-ST-ZIP	5 # 72 mod -10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: Manual Of Signature and typed or printed name of signing officer or director Date Dayline Phone #			