

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

0189127 AV

DOCUMENT # 486988

1. Entity Name
MJBE INVESTMENTS, INC.

01-30-2002 90129 018 ***150.00

Principal Place of Business
4020 NE 27TH TERRACE
LIGHTHOUSE POINT FL 33064
US

Mailing Address
P.O. BOX 50164
LIGHTHOUSE POINT FL 33074
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0032113**

Applied For
 Not Applicable

Zip Country

Zip Country

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

CALIENDO, SAM
1430 S. FEDERAL HWY
SUITE 302
DEERFIELD BEACH FL 33441

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 _____ (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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	PD	CARTER, PHYLLIS M	4020 NE 27TH TERR LIGHTHOUSE POINT FL 33064	<input type="checkbox"/> Delete	PD	MARTIN, PHYLLIS M. (Due to marriage)	4020 NE 27th Terr Lighthouse Point, FL 33064	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
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				<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> 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: PHYLLIS M. MARTIN Jan. 15, 2002 (954) 943-2217
 PRESIDENT & DIRECTOR Date Daytime Phone #

CR2E034 (9/01)