

2000 UNIFORM BUSINESS REPORT (UBR)

0012763 AF

DOCUMENT # A98000000867

1. Entity Name

MOJAM, LTD.

FILED
00 APR 12 PM 2:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

4/24/20

Principal Place of Business

C/O MICHAEL MORTON

902 CLINT MOORE ROAD, SUITE 124

BOCA RATON FL 33487

Mailing Address

C/O MICHAEL MORTON

902 CLINT MOORE ROAD, SUITE 124

BOCA RATON FL 33487-2846



DO NOT WRITE IN THIS SPACE

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 APPLIED FOR

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

MORTON, MICHAEL

C/O MORTON GROUP, INC.

902 CLINT MOORE ROAD, SUITE 124

BOCA RATON FL 33487

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. Capital Contributions as Shown on record.

\$1,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P93000020897
NAME MORTON GROUP, INC.
STREET ADDRESS 902 CLINT MOORE ROAD, SUITE 124
CITY - ST - ZIP BOCA RATON FL 33487

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/5/2000

168611300 ECU