

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # A98000000867

1. Entity Name

MOJAM, LTD.

202 APR 29 PM 6:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



2. Principal Place of Business

15340 Jog Road
Suite, Apt. #, etc.
200

3. Mailing Address

15340-Jog Road
Suite, Apt. #, etc.
200

DUE BY MAY 1, 2002

City & State

DeLray Beach, FL

City & State

DeLray Beach, FL

4. FEI Number

65-0945796

Applied For

Not Applicable

Zip

33446

Country

USA

Zip

33446

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORTON, MICHAEL
C/O MORTON GROUP, INC.
902 CLINT MOORE ROAD, SUITE 124
BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

15340-Jog Road, Suite 200

City

DeLray Beach

FL

Zip Code

33446

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.

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

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

13. ADDRESS CHANGES ONLY

STREET ADDRESS

15340-Jog Road, Suite 200

CITY-ST-ZIP

DeLray Beach, FL 33446

STREET ADDRESS

600005493036--

CITY-ST-ZIP

-05/08/02--01065--008

****141.25 ****141.25

BK

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)