

2002 UNIFORM BUSINESS REPORT (UBR)

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

01-30-2002 90141 004 \*\*\*150.00

DOCUMENT # F57623

1. Entity Name
MIJENSUE, INC.

Principal Place of Business
724 N.W. 7TH AVE
FT. LAUDERDALE FL 33311-7309

Mailing Address
724 N.W. 7TH AVE
FT. LAUDERDALE FL 33311-7309



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2170192

Applied For
Not Applicable

Zip Country

Zip Country

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

RICE, ROBERT J
724 NW 7TH AVE
FT. LAUDERDALE FL 33311-7309

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. 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 PD RICE, ROBERT J
NAME RICE, ROBERT J
STREET ADDRESS 724 NW 7TH AVENUE
CITY-ST-ZIP FT. LAUDERDALE FL 33311-7309

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD RICE, CAROLYN
NAME RICE, CAROLYN
STREET ADDRESS 724 NW 7TH AVE
CITY-ST-ZIP FT LAUDERDALE FL 33311-7309

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 1/10/2002 Daytime Phone #

CR2E034 (9/01)