

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M43660

1. Entity Name

M.J. LYN REALTY, INC.

FILED

May 04, 2000 8:00 am
Secretary of State

05-04-2000 90183 041 ***150.00

Principal Place of Business

19066 NE 29TH AVE.
NO. MIAMI BEACH FL 33180
US

Mailing Address

19066 NE 29TH AVE.
NO. MIAMI BEACH FL 33180-2802
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2762783

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AGINS, MARILYN
20191 E. COUNTRY CLUB DR. #1402
NORTH MIAMI BEACH FL 33180

7. Name and Address of New Registered Agent

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, 2000 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

TITLE	VD	<input type="checkbox"/> Delete
NAME	AGINS, JAMI R.	
STREET ADDRESS	3564 MAGELLAN CICLE #211	
CITY-ST-ZIP	N. MIAMI BCH FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	AGINS, MILTON M.	
STREET ADDRESS	20191 E. COUNTRY CLUB DR., APT. #1402	
CITY-ST-ZIP	N. MIAMI BCH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	AGINS, MARILYN M.	
STREET ADDRESS	20191 W. COUNTRY CLUB DR #1402	
CITY-ST-ZIP	N. MIAMI BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	JAMI AGINS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1717 NBAYSHORE DR #3136	
STREET ADDRESS	MIAMI, FL 33132	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/00

305-932-1771