

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000043105

1. Entity Name

FJM MURRAY, INC.



Principal Place of Business

Mailing Address

22317 SOUTHWEST 68TH AVENUE, APT. #2305
BOCA RATON FL 33428

22317 SOUTHWEST 68TH AVENUE, APT. #2305
BOCA RATON FL 33428

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

City & State

City & State

4. FEI Number

22-3727156

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

BECKER, FRAN

22317 SOUTHWEST 68TH AVENUE, APT. #2305
BOCA RATON FL 33428

7. Name and Address of New Registered Agent

Name

SAME

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

Fran Becker

(NOTE: Registered Agent signature required when reinstating)

1/12/01

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, 2001 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: Pres.
NAME: Fran Becker
STREET ADDRESS: 22317 SW 66 Ave
CITY-ST-ZIP: BOCA RATON FL 33428

Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

Delete

TITLE:
NAME:
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TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
Change Addition

TITLE:
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STREET ADDRESS:
CITY-ST-ZIP:
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CITY-ST-ZIP:
Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
Change 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/01 561-477-8760

Date

Daytime Phone #

CR2E034 (10/00)