

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90201 013 ***150.00

DOCUMENT # P00000062507

1. Entity Name

MJM STRUCTURAL CORP.

Principal Place of Business

**420 LINCOLN ROAD
SUITE 600
MIAMI BEACH FL 33139**

Mailing Address

**420 LINCOLN ROAD
SUITE 600
MIAMI BEACH FL 33139**

2. Principal Place of Business

7880 WEST 20 AVE

Suite, Apt. #, etc.

3. Mailing Address

7880 WEST 20 AVE

Suite, Apt. #, etc.

BAY 35

City & State

HIALEAH, FL 33016

BAY 35

City & State

HIALEAH, FL

Zip

33016

Country

USA

Zip

33016

Country

USA

4. FEI Number

65-1022532

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NEUSTEIN, CHARLES L ESQ.
420 LINCOLN ROAD
SUITE 600
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name

MARIO LEW

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

7880 WEST 20 AVENUE BAY 35

City

HIALEAH

FL

Zip Code

33016

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)

1/17/01

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, 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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT, SEC'TY TREAS.
MARIO LEW
7880 WEST 20 AVENUE BAY 35
HIALEAH, FL 33016**

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

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

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TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/01

DATE

Daytime Phone #

CR2E034 (10/00)