2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State
02-18-2002 90001 032 ***150.00

DOCUMENT # P00000062507

1. Entity Name
MJM STRUCTURAL CORP.

Principal Place of Business	Mailing Address
7880 WEST 20 AVE BAY 35 HIALEAH FL 33016 US	7880 WEST 20 AVE BAY 35 HIALEAH FL 33016 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
7880 WEST 20 AVE		7880 WEST 20 AVE	
Suite, Apt. #, etc. BAY 37		Suite, Apt. #, etc. BAY 37	
City & State HIALEAH, FL		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

LEW, MARIO
7880 W 20 AVE BAY 35
HIALEAH FL 33016

7. Name and Address of New Registered Agent

Name MARIO LEW
Street Address (P.O. Box Number is Not Acceptable)
7880 WEST 20 AVE BAY 37
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] Mario Lew 1/29/02
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 NAME STREET ADDRESS CITY-ST-ZIP	PST LEW, MARIO 7880 W 20 AVE BAY 35 HIALEAH FL 33016	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 7880 WEST 20 AVE BAY 37 HIALEAH, FL 33016	XX Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/01)

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] Mario Lew 1/29/02 305-818-198
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #