

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 18, 2002 8:00 am**  
**Secretary of State**

02-18-2002 90001 032 \*\*\*150.00

0142108 AV

**DOCUMENT # P00000062507**

1. Entity Name

**MJM STRUCTURAL CORP.**

Principal Place of Business

**7880 WEST 20 AVE  
 BAY 35  
 HIALEAH FL 33016  
 US**

Mailing Address

**7880 WEST 20 AVE  
 BAY 35  
 HIALEAH FL 33016  
 US**

2. Principal Place of Business

**7880 WEST 20 AVE  
 Suite, Apt. #, etc.  
 BAY 37**

3. Mailing Address

**7880 WEST 20 AVE  
 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)

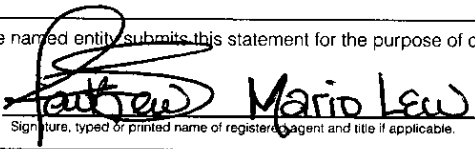
**7880 WEST 20 AVE BAY 37**

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  **Mario Lew**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/29/02**

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

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 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**7880 WEST 20 AVE BAY 37  
 HIALEAH, FL 33016** ☒ Change ☐ Addition

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

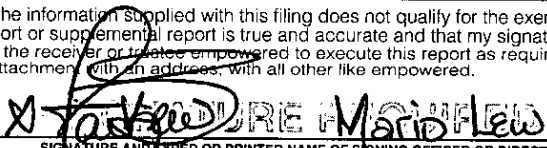
TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE  
 NAME  
 STREET ADDRESS  
 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:  **Mario Lew**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/29/02**

Date

**305-818-198**

Daytime Phone #

CR2E034 (9/01)