


# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

PAGE 1 of 2

DOCUMENT # P01000008152	
1. Entity Name MJL & ASSOCIATES, INC.	

FILED

03 MAY -8 PM 1:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

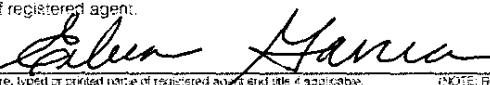
**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 4780 SW 87TH PLACE	3. Mailing Address 4780 SW 87TH PLACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33165	Country US

DO NOT WRITE IN THIS SPACE


4. FEI Number 76-0713915	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name A & E GARCIA, P.A.	
	Street Address (P.O. Box Number is Not Acceptable) 2588 SW 27TH AVE	
	City MIAMI	FL Zip Code 33133

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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE  DATE 4/30/03

January 1 - May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(P/D) JOHN LASSEVILLE 4780 SW 87TH PLACE MIAMI, FL 33165	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700018938517 05/14/03--01039--003 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(VP/D) MIRIAM LASSEVILLE 4780 SW 87TH PLACE MIAMI, FL 33165	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700018938517 05/14/03--01039--004 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 10 or on an attachment with an address, with all other like empowered.
SIGNATURE:  DATE 4/30/03

CR2E034B (12/02)

*pg 40202*

## MJL & ASSOCIATES, INC.

TO WHOM IT MAY CONCERN:  
TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

DUE TO A CHANGE OF MAILING ADDRESS I NEVER RECEIVED FIRST NOR SECOND NOTICE FOR 2002 UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED IN THE ANNUAL REPORT .

CORDIALLY

  
JOHN LASSEVILLE  
PRESIDENT