

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90048 026 ***158.00

DOCUMENT # P010 000 16657

1. Entity Name

MJM Group Holdings

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

100 East Linton Blvd

Suite, Apt., etc.

Suite 132-A

City & State

Del Ray Beach FL

Zip

33483

Country

U.S.A.

3. Mailing Address

100 East Linton Blvd

Suite, Apt., etc.

Suite 132-A

City & State

Del Ray Bch FL

Zip

33483

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1080839

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Morton Kantrowitz CEO

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

100 East Linton Blvd

City

Del Ray Beach FL

FL

Zip Code

33483

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

Morton Kantrowitz

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Morton Kantrowitz 4/27/02

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so
(See criteria on back)



January 1 - May 1 Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

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
Morton Kantrowitz CEO
100 East Linton Blvd, Ste 132-A
Del Ray Bch FL 33483

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Mike Swader, Pres
100 East Linton Blvd, Ste 132-A
Del Ray Beach FL 33483

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Morton Kantrowitz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/02

Date

561-265-1991

Daytime Phone #

CR2E034B (12/01)