FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2002 8:00 am
Secretary of State
06-05-2002 90413 026 ***150.00

DOCUMENT # P01000C

1. Entity Name

M & J Enterprise Diamond, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
504 NW 102nd Way	504 NW 102nd Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Plantation, fl	City & State: Plantation, fl.
Zip: 33324 Country: U.S.A	Zip: 33324 Country: U.S.A

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0552532 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Joseph K. Noah, P.A.

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

3284 N. State Rd 7

City: Lauderhill FL Zip Code: 33319

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: _____ 6/3/2002.
(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) ☐

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	PTSD
NAME	Murad Mohammad
STREET ADDRESS	504 NW 102nd Way
CITY-ST-ZIP	Plantation, FL 33324
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ June 3rd, 2002 (954) 484-5533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #