## FOR PROFIT CORPORATION

May 15, 2002 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # P0. 10000 61705 05-15-2002 90081 031 \*\*\*150.00 M.J. M. Holdings, Inc 660071 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 4415.E. 3 = St 1713:-Suite, Apt. #, etc. 208 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number Dania Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent DO NOT WRITE Street Address (P.O. Box Number is Not Accept S.E. 3rd IN THIS SPACE purpose of changing its registered office or registered agent, or both, in the State of Florida (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to salisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, Fee is \$550,00 Tax filing requirement and elects to do so. Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. President V.P. Sec. Treccurer. CR2E034B (12/01) TITI F TITLE Michael J. Maggi 441 S.E. Int St. # Dania Beach, EL NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Director-NAME NAME Michael J-Maggi STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CtTY-ST-7IP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-7IP == CITY-ST-ZIP IN THIS SPACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE

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 emperies to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an of the corporation or the receiver or trustee attachment with an address with all other iii

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-\$T-ZIP

G OFFICER OR DIRECTOR

5/6/02 9549217863

**FILED**