

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90096 043 ***150.00

DOCUMENT # **P01000064356**

1. Entity Name
M N J INVESTMENTS CORP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

P O BOX 653051

City & State

City & State

MIAMI FL

Zip

Country

Zip

33265

Country

4. FEI Number

65-1117641

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

JAVIER HIDALGO

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

9971 SW 32nd ST

City

MIAMI

FL

Zip Code

33165

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/24/02

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	P MIRIAM HIDALGO 9971 SW 32 ST MIAMI FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NELSON HIDALGO JR 12010 SW 93 ST MIAMI FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JAVIER HIDALGO 9971 SW 32 ST MIAMI FL 33165
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAVIER
HIDALGO**

04/24/02 (305) 559-0801

Date

Daytime Phone #

CR2E034B (12/01)