

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

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90374 041 ***150.00

DOCUMENT # P01000073134 ✓
1. Entity Name
MICHAEL JAMES ENTERPRISES INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10062 GRIFFIN Rd
Suite, Apt. #, etc.

3. Mailing Address
1503 So. MIAMI Rd.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
COOPER CITY FL.
Zip 33328 Country US

City & State
FT. LAUDERDALE FL.
Zip 33316 Country US

4. FEI Number
65-1122262

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

1503 SOUTH MIAMI Rd.

City FT. LAUDERDALE **FL** Zip Code 33316

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

(NOTE: Registered Agent signature required when reinstating)

4/10/02
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 PRESIDENT
NAME MICHAEL J. FERNANDES
STREET ADDRESS 1503 So. MIAMI Rd.
CITY-ST-ZIP FT. LD. FL. 33316

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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 another like empowered.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL J. FERNANDES

4/10/02 9544342341
Date Daytime Phone #

CR2E034B (12/01)