

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P01000107719**1. Entity Name
MJ DISTRIBUTORS, INC.**FILED****02 OCT 28 PM 1:20**

Principal Place of Business

**12391 N.W. 29TH MANOR
SUNRISE FL 33323**

Mailing Address

**12391 N.W. 29TH MANOR
SUNRISE FL 33323**SECRETARY OF STATE
TALLAHASSEE, FLORIDA
976343

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

12717 West Sunrise Blvd.

Suite, Apt. #, etc.

Suite 318

City & State

Sunrise, FL

Zip

33323

Country

US

4. FEI Number

65-1152287

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BARBIERI, JEFFREY S
12391 N.W. 29TH MANOR
SUNRISE FL 33323**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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) ☐**FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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
**CEO
BARBIERI, JEFFREY S
12391 N.W. 29TH MANOR
SUNRISE FL 33323** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO
Robert Larocca
1919 Cedar Ct
Weston FL 33327** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

CR2E034 (4/02)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/02

Date

Daytime Phone #

Attachment

Myer
926343

To Whom It May Concern,

P01000107719

We received this notice in the mail in early June. I called into your offices and spoke to one of your Uniform Business Help Desk Agents and explained to her that this was the only notice that we received and that this is our 1st Year in business. She instructed me to write this letter explaining that this was our only notice. She also told me the along with \$150.00 check which she stated was the Fee for Filing.

Sincerely
Jeffrey Barbieri
MJ Distributors, Inc.
12391 NW 29th Manor
Sunrise, FL 33323