

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000012069

FILED  
Apr 09, 2003  
Secretary of State

Entity Name: M.R.J. CONSULTING SERVICE, INC.

## Current Principal Place of Business:

1290 WESTON RD. SUITE 306  
WESTON, FL 33326

## New Principal Place of Business:

15970 W STATE ROAD 84  
SUITE 231  
SUNRISE, FL 33326

## Current Mailing Address:

1290 WESTON RD. SUITE 306  
WESTON, FL 33326

## New Mailing Address:

15970 W STATE ROAD 84  
SUITE 231  
SUNRISE, FL 33326

FEI Number: 42-1529456

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CBS CONSULTANTS  
1290 WESTON ROAD SUITE 210  
WESTON, FL 33326 US

## Name and Address of New Registered Agent:

VIVAS, WILLIAN  
1820 N CORPORATE BLVD  
UNIT 104  
WESTON, FL 33326 US

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: WILLIAN VIVAS

04/09/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete  
Name: DIAZ, MARIA A  
Address: 1290 WESTON ROAD SUITE 210  
City-St-Zip: WESTON, FL 33326

Title: D (X) Delete  
Name: DIAZ, MARIA A  
Address: 1290 WESTON ROAD SUITE 210  
City-St-Zip: WESTON, FL 33326

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition  
Name: VIVAS, WILLIAN J  
Address: 1820 N CORPORATE BLVD, UNIT 104  
City-St-Zip: WESTON, FL 33326

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAN VIVAS

PSD

04/09/2003

Electronic Signature of Signing Officer or Director

Date