2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT #	P02000032415
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1. Entity Name

Principal Place of Business

DMJ GROUP ENTERPRISES, INC.

FILED Feb 17, 2003 8:00 am Secretary of State

02-17-2003 90236 027 ***150.00

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	SAMPLE ROAD NGS FL 33065	11450 WEST SAMPLE ROA CORAL SPRINGS FL: 33065					
2. Principal	NW 138 Way	3. Mailing Address) 138u	jay	A COURTENANT FOR TOURING COMERS MOTHER EMPLISY MODILITY ONLINE CONTINUES AND A COURT HOME SHARES MINISTERNAL CO		
temk	Roke Pinis	Penbeck		7	CHECK HERE IF MAKING CHANGES		
Flore	ida	City & State TIOCIDY	A .	,	4. FELNumber 0472354 Applied For Not Applicable	,	
330	28 USA	33028	County A		.5. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name and Address of Current I	Registered Agent			7. Name and Address of New Registered Agent]	
	GREENE ASSOCIATES, PA		DENI	うモ (000	MARKELIO-JAMES]	
11450 WI	EST SAMPLE ROAD		3 40	Tess N	O. Box Number is Not Acceptable)	1	
CORAL S	PRINGS, FLORIDA FL 33065					1	
÷			Ven	n be	Poke Pines FL 25028		
8. The above the obliga	e named entity submits this statement for titions of registered agent.	the purpose of changing its r			agent, or both, in the State of Florida. I am familiar with, and accept		
SIGNATURE Profession 2/4/03							
		(NOTE:	Registered Agent signature	required whe	nen reinstating) DATE		
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
· · · · · · · · · · · · · · · · · · ·	k Payable to Florida Department of	State			Added to Fees		
10.	OFFICERS AND E	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	1	
TITLE	P DENIOE	Delete	TITLE	rces	Dent Addition	Ę	
NAME CTREET APPROPRIE	JAMES, DENISE 11450 WEST SAMPLE ROAD		NAME 🥰		DENISE JAMES	5	
STREET ADDRESS CITY-ST-ZIP	CORAL SPRINGS FL 33065		STREET ADDRESS	HOL	N/1/ 1281. Vail	2	
	CONAL OFRINGS FL 33003		CITY-ST-ZIP	eml	broke pines Flours 33028	Ì	
TITLE		☐ Delete	TITLE	Vice	- President Change Maddition	Ş	
NAME			NAME (hob	DEET E. JAMES - KAMARIA	١	
STREET ADDRESS			STREET ADDRESS		NW 138 Way	ĺ	
CITY-ST-ZIP			CITY-ST-ZIP	pomp	broke pines, FIA 33028	ĺ	
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		F	CITY-ST-ZIP				
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STREET ADDRESS			NAME STREET ADDRESS				

12. 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 receives or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

WEAT PRODUCTED SIGNATURE: SIGNATURE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-499-1552

Daytime Phone #