2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT#

P02000089166

1. Entity Name

MJ'S FINEST, INC.

Principal Place of Business

POMPANO BEACH FL 33069

2. Principal Place of Business

Sweet 200-35

MJ'S FINEST

Suite, Apt. #, etc.

City & State

2700 W ATLANTIC BLVD.



Mailing Address

2700 W ATLANTIC BLVD. POMPANO BEACH FL 33069

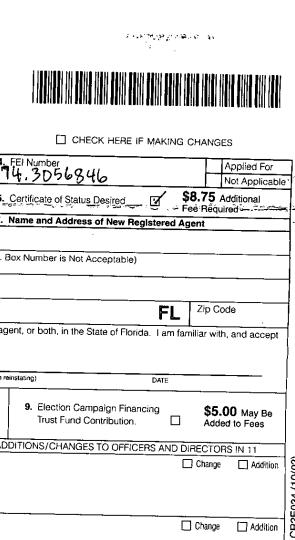
SWEET

City & State

3. Mailing Address 2700 W ATLANTIC Suite, Apt. #, etc.

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

01-17-2003 90052 021 ***158.75



<u> MPA</u>	NO BEACH 7L	POMPANO BÉAL	U FL	714 3051-074	Applied For	
Zip	Country	Zip	Country	14.3056846	Not Applicable	
3306		-33069	Browary	5. Certificate of Status Desired \$8.	.75 Additional	
6. Name and Address of Current Registered Agent			_ ` 	7. Name and Address of New Registered Agent		
DI ANO	MONING		Name	Name		
BLANC, MONNE			<u> </u>	Charles		
2700 W ATLANTIC BLVD.			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
POMPANO BEACH FL 33069						
			City			
O The share			1 1	FL ²	Zip Code	
the obliga	e named entity submits this statement for the ations of registered agent	e purpose of changing its re	egistered office or register	red agent, or both, in the State of Florida. I am familia	ar with, and accept	
	<i>m</i> _	,			ar man, and accept	
SIGNATURE	- Monne -				ľ	
	Signature, typed or printed name of registered agent and to	itle if applicable. (NOTE: F	Registered Agent signature required	when reinstating) DATE		
, F	TLE NOW!!! FEE IS \$150.00				-	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing	\$5.00 May Be	
10.	· · · · · · · · · · · · · · · · · · ·			Trust Fund Contribution.	Added to Fees	
TITLE	OFFICERS AND DIR	ECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTORS IN 11	
NAME	MENELAS, JACK	☐ Delete	TITLE		Change	
STREET ADDRESS	2700 W ATLANTIC BLVD.		NAME			
CITY-ST-ZIP	POMPANO BEACH FL 33069		STREET ADDRESS CITY-ST-ZIP			
TITLE	vr		 -			
NAME	BLANC, MONNE	☐ Delete	TITLE		Change	
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NAME		2010(0	NAME	☐ Cha	ange 🗌 Addition	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
12. I hereby ce	ertify that the information supplied with this fi	iling does not qualify for the	exemption stated in Sect	ion 119 07/3Vi). Florida Statutos I further assifutivo		

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

SIGNATURE:

MOUNT REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #