

FILED
Jun 02, 2003 8:00 am
Secretary of State

05-01-2003 90369 043 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000104069		
1. Entity Name THE MJ ENGINEERING GROUP, INC.		
Principal Place of Business 11401 S.W. 40TH STREET #355 MIAMI, FL 33165		Mailing Address 11401 S.W. 40TH STREET #355 MIAMI, FL 33165
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip Country
4. FEI Number 48-1277685		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ALVAREZ, JOSE M 10741 S.W. 30TH STREET MIAMI, FL 33165		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 _____ DATE _____ (Signature, printed or stamped name of registered agent and date of signature) (NOTE: Registered Agent's signature required when changed agent)		
9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	NAME	☐ Delete
STREET ADDRESS	STREET ADDRESS	
CITY-STATE-ZIP	CITY-STATE-ZIP	
TITLE	NAME	☐ Delete
STREET ADDRESS	STREET ADDRESS	
CITY-STATE-ZIP	CITY-STATE-ZIP	
TITLE	NAME	☐ Delete
STREET ADDRESS	STREET ADDRESS	
CITY-STATE-ZIP	CITY-STATE-ZIP	
TITLE	NAME	☐ Delete
STREET ADDRESS	STREET ADDRESS	
CITY-STATE-ZIP	CITY-STATE-ZIP	
TITLE	NAME	☐ Delete
STREET ADDRESS	STREET ADDRESS	
CITY-STATE-ZIP	CITY-STATE-ZIP	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	STREET ADDRESS	
CITY-STATE-ZIP	CITY-STATE-ZIP	
TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	STREET ADDRESS	
CITY-STATE-ZIP	CITY-STATE-ZIP	
TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	STREET ADDRESS	
CITY-STATE-ZIP	CITY-STATE-ZIP	
TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	STREET ADDRESS	
CITY-STATE-ZIP	CITY-STATE-ZIP	
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 receiver 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.		
SIGNATURE: _____		Date: April 29, 03 (305) 986-4545
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Corporate Officer