

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90328 016 ***150.00

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1. Entity Name
MJR BUILDING CORPORATION



Principal Place of Business

9370 SUNSET DRIVE
SUITE A-202
MIAMI, FL 33173

Mailing Address

9370 SUNSET DRIVE
SUITE A-202
MIAMI, FL 33173

11030335

2. Principal Place of Business

2000 PONCE DE LEON BLVD
SUITE, Apt. #, etc.
6 FLOOR
CORAL GABLES, FL

3. Mailing Address

Suite, Apt. #, etc.
City & State

City & State

Zip

Country

Country

Country

4. FEI Number

14-1854315

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CUMMINS, JEFFREY DREW
9555 NORTH KENDALL DRIVE, SUITE 202
MIAMI, FL 33176

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 retaining)

DATE

FILE 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
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PST
NAME GUERRA, ROLAND
STREET ADDRESS 9370 SUNSET DRIVE SUITE A-202
CITY-ST-ZIP MIAMI, FL 33173

TITLE VD
NAME EFTEKHARMOUSAVI, MAJID
STREET ADDRESS 9370 SUNSET DRIVE SUITE A-202
CITY-ST-ZIP MIAMI, FL 33173

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST
NAME GUERRA, ROLAND
STREET ADDRESS 2000 PONCE DE LEON BLVD 6FL
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE VD
NAME EFTEKHARMOUSAVI, MAJID
STREET ADDRESS 2000 PONCE DE LEON BLVD 6FL
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROLAND GUERRA, PST

Date

Daytime Phone #

CR2E034 (10/02)