

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 29, 2002 8:00 am
Secretary of State

05-02-2002 90099 039 ***115.00
05-29-2002 90678 038 ****43.75

DOCUMENT # **P92000002487**

1. Entity Name

MI-JAM ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5655 FUNSTON ST.

3. Mailing Address

5655 FUNSTON ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOLLYWOOD FL

City & State

HOLLYWOOD FL

Zip

33023

Country

U.S.A.

Zip

33023

Country

U.S.A.

4. FEI Number

05-0369444

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

VERON MARTIN

Street Address (P.O. Box Number is Not Acceptable)

5655 FUNSTON ST.

HOLLYWOOD,

City

FL

Zip Code

33023

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT VICE
MICHAEL EDWARDS
5655 FUNSTON ST.
HOLLYWOOD, FL. 33023**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
VERON MARTIN
5655 FUNSTON ST.
HOLLYWOOD, FL. 33023**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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13. 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 11 or on an attachment with an address, without further being empowered.

SIGNATURE:

SIGNATURE OF AUTHORIZED OFFICER OR DIRECTOR

4.19.02

Date

979 986-0555

Daytime Phone #

CR2E034B (12/01)