## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P93000013693 Apr 12, 2000 8:00 am Secretary of State 1. Entity Name 完成 会员这个人的概念是,或 MJM PROPERTIES; INC. 04-12-2000 90009 043 \*\*\*150.00 Mailing Address Principal Place of Business PO BOX 15531 123 SOUTH GOLFVIEW DR. SARASOTA FL 34277-1531 LAKE WORTH FL 33460 OUAVUO 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0397708 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WEBER WEBER, SUSAN Street Address (P.O. Box Number is Not Acceptable) 2222 BOUGAINVILEA ST S. SHADE AVE SARASOTA FL 34239 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 ed agent and title if applicable (NOTE. Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. Change ☐ Addition DP TITLE ☐ Delete MARK WEBER NAME A WEBER MARK C NAME 4185 S. SHOUDE AVE STREET ADDRESS 2222 BOUGAINVILLEA ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34239 Change Addition ☐ Delete TITLE TITLE WEBER, SUSAN NAME NAME 4185 S. SHOLE AVE STREET ADDRESS 2222 BOUGAINVILLEA ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34239 --- -- Change ☐ Addition □.Delete - . -TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUY-ST-ZIE

13. I hereby certify that the information sypplies with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

me and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director pred to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

all other like empowered.

indicated on this report or suppleme of the corporation or the receiver or trustee en changed, or on an attachment will an address

SIGNATURE: