

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90259 045 ***150.00

0512941

DOCUMENT # P93000013693

1. Entity Name

MJM PROPERTIES, INC.

Principal Place of Business

123 SOUTH GOLFVIEW DR.
LAKE WORTH FL 33460
US

Mailing Address

PO BOX 15531
SARASOTA FL 34239
US

2. Principal Place of Business

3. Mailing Address

123 South Golfview Rd.

Suite, Apt. #, etc.

#6

City & State

LAKE WORTH FL.

Zip

33460

Country

US



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0397708

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEBER, SUSAN
4185 S SHADE AVE
SARASOTA FL 34231

Name

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

123 S. Golfview Rd

#6

City

LAKE WORTH

FL

Zip Code

33460

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

Susan Weber

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

(NOTE: Registered Agent signature required when reinstating)

4/10/01

DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	WEBER MARK C	
STREET ADDRESS	4185 S SHADE AVE	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WEBER, SUSAN	
STREET ADDRESS	4185 S SHADE AVE	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	mark weber	
STREET ADDRESS	123 S. Golfview Rd #6	
CITY-ST-ZIP	LAKE WORTH, FL. 33460	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Susan Weber	
STREET ADDRESS	123 S. Golfview Rd #6	
CITY-ST-ZIP	LAKE WORTH FL. 33460	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mark C. Weber

4/10/01

Date

(561) 533-8321

Daytime Phone #

CR2E034 (10/00)