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2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: 2

Apr 11, 2001 8:00 am Secretary of State DOCUMENT # P93000025922 M.J.T. INVESTMENTS, INC. 04-11-2001 90106 032 ***150.00 Principal Place of Business Mailing Address 5900 SW 127 AVENUE 5900 SW 127TH AVENUE **SUITE 3404 SUITE 3404** MIAMI FL 33183 MIAMI FL 33183 US HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 65-0401216 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TRUJILLO, MILTON Street Address (P.O. Box Number is Not Acceptable) 5900 SW 127TH AVE #3404 **MIAMI FL 33183** Zip Code City 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 FILE NOW!!! FEE IS \$150.00 -10. Election Campaign Financing \$5.00 May Be Atter MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 11. 12 ☐ Change CR2E034 (10/00) ☐ Addition TITLE ☐ Delete TITLE TRUJILLO, MILTON J NAME NAME 5900 SW 127TH AVENUE, APT. 3404 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP s not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information trate and the cry signature shall have the same legal effect as if made under oath; that I am an officer or director tute this properties as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this filling do indicated on this report or supplemental report is true and ag of the corporation or the receiver or trustee empowered to urate and th changed, or on an attachment with ar