

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000037980

1. Entity Name
MJG INVESTMENTS & CONSULTING, INC.

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90012 021 ***150.00

Principal Place of Business

**3550 BISCAYNE BLVD
SUITE 401
MIAMI FL 33137**

Mailing Address

**MJG INVESTMENTS & CONSULTING, INC.
P.O. BOX 370606
MIAMI FL 33137
US**

2. Principal Place of Business

3501 NW 2 Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

4. FEI Number **65-0436807**

Applied For

Not Applicable

Zip

Country

33127 USA

Zip

Country

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

**NEIMAN, JAN S
ONE BISCAYNE TOWER., STE 3550
2 S. BISCAYNE BLVD
MIAMI FL 33131**

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.

SIGNATURE *Meredith Broussard, MEREDITH BROUSSARD, Secretary/Treasurer 2-15-01*
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) ☐

**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 **PD** ☐ Delete
NAME **GERRITS, MICHAEL J**
STREET ADDRESS **445 GRAND BAY DRIVE., APT 1202**
CITY-ST-ZIP **KEY BISCAYNE FL 33149**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **BROUSSARD, MEREDITH**
STREET ADDRESS **6850 SW 115TH STREET**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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: *Meredith Broussard, MEREDITH BROUSSARD, Secretary/Treasurer 2-15-01*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)