

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000003686

1. Entity Name

M. J. ARCHITECTURE COMPANY

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90055 033 \*\*\*158.75

Principal Place of Business

1746 MERIDIAN AVE., SUITE 4  
MIAMI BEACH FL 33139

Mailing Address

1746 MERIDIAN AVE., SUITE 4  
MIAMI BEACH FL 33139-1803

2. Principal Place of Business

1746 Meridian Ave

Suite, Apt. #, etc.

4

3. Mailing Address

1746 Meridian Ave

Suite, Apt. #, etc.

4

City & State

Miami Beach, FL

City & State

Miami Beach, FL

4. FEI Number

65-0462333

Applied For

Not Applicable

Zip

33139

Country

USA

Zip

33139

Country

USA

5. Certificate of Status Desired

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\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MOSES, EDUARDO  
1746 MERIDIAN AVE., SUITE 4  
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

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

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)

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**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

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

11. OFFICERS AND DIRECTORS

TITLE P  
NAME JANROSKY, MARCOS E  
STREET ADDRESS 1746 MERIDIAN AVE., SUITE 4  
CITY-ST-ZIP MIAMI BEACH FL 33139

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCOS JANROSKY

Date

Daytime Phone #

4-13-00

305-5329767

CR2E034 (9/99)