

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000093837**

Entity Name
MJK INVESTMENTS, INC.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90168 046 ***150.00

Principal Place of Business
**3829 COCONUT PALM DR.
TAMPA FL 33619
US**

Mailing Address
**3829 COCONUT PALM DR.
TAMPA FL 33619
US**



DO NOT WRITE IN THIS SPACE

Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3286322		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HARRINGTON JR, THOMAS D 3829 OCONUT PALM DRIVE TAMPA FL 33619		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

<input type="checkbox"/> 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, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME PDC KLINGHOFFER, MEL STREET ADDRESS 3829 COCONUT PALM DR CITY-ST-ZIP TAMPA FL 33619	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME S ANA B ALFONSO STREET ADDRESS 3829 COCONUT PALM DR CITY-ST-ZIP TAMPA FL 33619	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: By: Mel Klinghoffer
MJK Investments, Inc.
Mel Klinghoffer, President

Date _____ Daytime Phone # **813-620-1661**

CR2E034 (9/01)