

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90227 007 ***150.00

DOCUMENT# <u>P96000200041</u> 1. Entity Name <u>M+J Telecom Services, Inc.</u>						DO NOT WRITE IN THIS SPACE <div style="font-size: 2em; font-weight: bold;">651790</div>								
Principal Place of Business <u>9255 NW 18th St.</u> <u>Coral Springs, FL 33071</u>				Mailing Address 										
2. Principal Place of Business 		3. Mailing Address 												
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 												
City & State 		City & State 		4. FEI Number <u>65-0630447</u>		<table border="1" style="width:100%;"> <tr> <td>Applied For</td> </tr> <tr> <td><input type="checkbox"/> Not Applicable</td> </tr> </table>		Applied For	<input type="checkbox"/> Not Applicable					
Applied For														
<input type="checkbox"/> Not Applicable														
Zip 	Country 	Zip 	Country 	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required										
6. Name and Address of Current Registered Agent <u>Marc Drucker</u> <u>9255 NW 18th St.</u> <u>Coral Springs, FL 33071</u>				7. Name and Address of New Registered Agent <table border="1" style="width:100%;"> <tr> <td colspan="2">Name</td> </tr> <tr> <td colspan="2">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td>City</td> <td>FL Zip Code</td> </tr> </table>			Name		Street Address (P.O. Box Number is Not Acceptable)				City	FL Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>														
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State														
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES										
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>President</u> <u>Marc Drucker</u> <u>9255 NW 18th St.</u> <u>Coral Springs, FL 33071</u>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.														
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>				<u>4/25/00</u> <u>954-301-1250</u> <small>Date Daytime Phone #</small>										

CR2E083 (11/99)