

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90160 034 ***150.00

DOCUMENT # P96000004575

1. Entity Name

M & J ELEVATOR, INC.

Principal Place of Business

4174 N.W. 132ND STREET
 OPA LOCKA FL 33054
 US

Mailing Address

4174 N.W. 132ND STREET
 OPA LOCKA FL 33054-4511
 US

2. Principal Place of Business

4156 NW 132 St.
 Suite, Apt. #, etc.
OPA Locka, FL
 City & State

3. Mailing Address

4156 NW 132 St.
 Suite, Apt. #, etc.
OPA Locka, FL.
 City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0633121

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip *33054* Country *M.S.A.*

Zip *33054* Country *USA*

6. Name and Address of Current Registered Agent

ORTIZ, JOSEPH A.
 4174 N.W. 132ND STREET
 SUITE 125
 OPA LOCKA FL 33054

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 *J.A. Ortiz Joseph A. Ortiz*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4-20-00
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, 2000-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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ORTIZ, JOSEPH A		NAME:	
STREET ADDRESS: 1000 N.W. 150 ST.		STREET ADDRESS:	
CITY-ST-ZIP: MIAMI FL 33168		CITY-ST-ZIP:	
NAME: ORTIZ, RITA D		NAME:	
STREET ADDRESS: 1000 N.W. 150 ST.		STREET ADDRESS:	
CITY-ST-ZIP: MIAMI FL 33168		CITY-ST-ZIP:	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		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: *J.A. Ortiz Joseph A. Ortiz* *4/20/00* *305 681-1192*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)