

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 10, 2001 8:00 am**  
**Secretary of State**

07-10-2001 90110 018 \*\*\*550.00

0027199 AV

**DOCUMENT # P96000004575**  
 1. Entity Name  
**M & J ELEVATOR, INC.**

Principal Place of Business 4156 NW 132 ST OPA LOCKA FL 33054 US	Mailing Address 4156 NW 132 ST OPA LOCKA FL 33054 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 12900 NW 30 Ave Suite, Apt. #, etc. Opa Locka, FL. City & State	3. Mailing Address 12900 NW 30 Ave Suite, Apt. #, etc. Opa Locka, FL. City & State
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4. FEI Number 65-0633121	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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: <b>Ortiz, Joseph A.</b> Street Address (P.O. Box Number is Not Acceptable): 12900 NW 30 Ave. City: <b>Opa Locka</b> FL Zip Code: <b>33054</b>
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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: *Joseph A. Ortiz* (NOTE: Registered Agent signature required when reinstating) DATE: **7-3-01**

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>ORTIZ, JOSEPH A</b> <b>1000 N.W. 150 ST.</b> <b>MIAMI FL 33168</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>ORTIZ, RITA D</b> <b>1000 N.W. 150 ST.</b> <b>MIAMI FL 33168</b>	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
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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: *Joseph A. Ortiz* DATE: **7-3-01** 305/ 681-1192  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (5/01)