

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91513 009 ***150.00

DOCUMENT # P96000004575
1. Entity Name M4J ELEVATOR, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12900 NW 30 Ave.
Suite, Apt. #, etc.

3. Mailing Address
12900 NW 30 Ave.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State OPA Locka City & State OPA Locka, FL 4. FEI Number 65-0633121 Applied For Not Applicable

Zip 33054 Country USA Zip 33054 Country USA 5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name Joseph A. Ortiz
Street Address (P.O. Box Number is Not Acceptable)
1000 NW 150 St.
City MIAMI FL Zip Code 33168

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] (NOTE: Registered Agent signature required when reinstating) DATE 4-18-02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 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 | | | |
|----------------------------|---------------------------------------|-----------------|--|
| TITLE | <u>Joseph A. Ortiz - Pres.</u> | TITLE | |
| NAME | <u>1000 NW 150 Street</u> | NAME | |
| STREET ADDRESS | <u>Miami FL 33168</u> | STREET ADDRESS | |
| CITY - ST - ZIP | | CITY - ST - ZIP | |
| TITLE | <u>Rita D. Ortiz - Director</u> | TITLE | |
| NAME | <u>1000 NW 150 Street</u> | NAME | |
| STREET ADDRESS | <u>Miami, FL. 33168</u> | STREET ADDRESS | |
| CITY - ST - ZIP | | CITY - ST - ZIP | |
| TITLE | <u>Joseph A. Ortiz Jr. - Director</u> | TITLE | |
| NAME | <u>5685 NW 194 Lane</u> | NAME | |
| STREET ADDRESS | <u>Miami, FL. 33055</u> | STREET ADDRESS | |
| CITY - ST - ZIP | | CITY - ST - ZIP | |
| TITLE | <u>Nicolas D. Ortiz - Director</u> | TITLE | |
| NAME | <u>19940 NW 83 Ave.</u> | NAME | |
| STREET ADDRESS | <u>Miami, FL. 33015</u> | STREET ADDRESS | |
| CITY - ST - ZIP | | CITY - ST - ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Joseph A. Ortiz Date 4/18/02 305-681-1192 Daytime Phone #

CR2E034B (12/01)