

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90001 046 ***550.00

DOCUMENT # P96000016625

1. Entity Name

M & J INTERNATIONAL CONSULTING & TRADING, INC. ✓

Principal Place of Business

**1254 VAN BUREN STREET
HOLLYWOOD FL 33019**

Mailing Address

**P.O. BOX 2786
HALLANDALE FL 33008**

2. Principal Place of Business

21300 San Simeon

Suite, Apt. #, etc.

Way-P-2

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

N. Miami Beach FL.

City & State

4. FEI Number

65-0790945

Applied For

Not Applicable

Zip

33179

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FILINGS, INC.

3732 N.W. 16TH STREET

FORT LAUDERDALE FL 33311

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. 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 **D** ☐ Delete
NAME **JONES, JESSE L**
STREET ADDRESS **P.O. BOX 2706**
CITY-ST-ZIP **HALLANDALE FL 33-0088**

TITLE **Secretary** ☐ Change ☒ Addition
NAME **melissa G. Jones**
STREET ADDRESS **21300 PO Box 2786**
CITY-ST-ZIP **HALLANDALE, FL. 33008**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

JESSE L JONES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/00
Date

305-493-3277
Daytime Phone #