

2003

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90100 008 ***150.00

DOCUMENT # P96000032759

1. Entity Name

M.J.S. ASSOCIATES CORP.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3543 N.W. 61ST CIRCLE

3. Mailing Address

3543 N.W. 61ST CIRCLE

Suite, Apt. #, etc.

WOODFIELD COUNTRY CLUB

Suite, Apt. #, etc.

WOODFIELD COUNTRY CLUB

DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

4. FEI Number

65-0657664

Applied For

Not Applicable

Zip

33496

Country

Zip

33496

Country

5. Certificate of Status Desired ☐\$8.75 Additional
Fee RequiredDO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name JULIO NOVOGRODZKI

Street Address (P.O. Box Number is Not Acceptable)

3543 N.W. 61ST CIRCLE, WOODFIELD COUNTRY CLUB

City BOCA RATON

FL

Zip Code
33496

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PRESIDENT - SUSAN NOVOGRODZKI
1030 LAKE AVE, GREENWICH, CT 06831

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

V.P. - MARIO NOVOGRODZKI
5 DEBBIE COURT, MANALAPAN, NJ 07726

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *M. S.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)