

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000071529

1. Entity Name

MHJ COMPUTER CONSULTING, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90046 023 ***150.00

Principal Place of Business

Mailing Address

903 NE 199TH ST
#208
MIAMI FL 33179
US

903 NE 199TH ST
APT 208
MIAMI FL 33021-2335
US

2. Principal Place of Business

3611 N. 53RD AVE
Suite, Apt. #, etc.

3. Mailing Address

3611 N. 53RD AVE
Suite, Apt. #, etc.

R0004020



DO NOT WRITE IN THIS SPACE

City & State
HOLLYWOOD, FL

City & State
HOLLYWOOD, FL

4. FEI Number 65-0702235

Applied For
Not Applicable

Zip
33021

Country

Zip
33021

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

JACOBSON, MICHAEL
903 NE 199TH ST
APT 208
MIAMI FL 33179

Name
JACOBSON, MICHAEL

Street Address (P.O. Box Number is Not Acceptable)
3611 N. 53RD AVE.

City HOLLYWOOD FL Zip Code 33021

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

Michael Jacobson

3/27/00

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 \$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

TITLE	D	<input type="checkbox"/> Delete
NAME	JACOBSON, MICHAEL	
STREET ADDRESS	903 NE 199TH ST #208	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBSON, MICHAEL	
STREET ADDRESS	3611 N. 53RD AVE.	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Michael Jacobson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/00 (950) 834596

Date Daytime Phone #

CR2E034 (9/99)