

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90297 027 ***150.00

DOCUMENT # **P96000095656**

1. Corporation Name

M & J CONSULTING AND SALES, INC.

Principal Place of Business

3900 N HILLS DRIVE UNIT 116
HOLLYWOOD FL 33021

Mailing Address

3900 N HILLS DRIVE UNIT 116
HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/18/1996

4. FEI Number

65-0713381

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 **13255 SW 16TH CT.**

2a. Mailing Address

26 **13255 SW 16TH CT.**

Suite, Apt. #, etc.

22 **K-214**

Suite, Apt. #, etc.

27 **K-214**

City & State

23 **PEMBROKE PINES, FL**

City & State

28 **PEMBROKE PINES, FL**

Zip

24 **32027**

Country

25 **USA**

Zip

29 **32027**

Country

30 **USA**

9. Name and Address of Current Registered Agent

RUBEN, MARCUS
3900 N HILLS DRIVE UNIT 116
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name

RUBEN, MARCUS

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

13255 SW 16TH CT. K-214

83 City

PEMBROKE PINES

FL

85 Zip Code

32027

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **RUBEN, MARCUS**
STREET ADDRESS **3900 N HILLS DRIVE UNIT 116**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **ST** ☐ DELETE
NAME **RUBEN, JEANETTE**
STREET ADDRESS **3900 N. HILL DR. #116**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P D** ☒ Change ☐ Addition
1.2 NAME **RUBEN, MARCUS**
1.3 STREET ADDRESS **13255 SW 16TH CT. K-214**
1.4 CITY-ST-ZIP **PEMBROKE PINES, FL 32027**

2.1 TITLE **S T** ☐ Change ☐ Addition
2.2 NAME **RUBEN, JEANETTE**
2.3 STREET ADDRESS **13255 SW 16TH CT. K-214**
2.4 CITY-ST-ZIP **PEMBROKE PINES, FL 32027**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99
Date

(954) 443-6056
Daytime Phone #

CR2E034 (11/98)

0141742