

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000100016

1. Entity Name

KEY WEST MJM INVESTMENTS, INC.

Principal Place of Business

1925 HARRISON STREET  
HOLLYWOOD FL 33020

Mailing Address

1925 HARRISON STREET  
HOLLYWOOD FL 33020

2. Principal Place of Business

117 Duval St

Suite, Apt. #, etc.

3. Mailing Address

1926 Hollywood Blvd  
Suite 204

Suite, Apt. #, etc.

City & State

Key West FL

City & State

Hollywood FL

Zip

33040

Country

USA

Zip

33020

Country

USA

4. FEI Number

65-0713148

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GREENBERG, JUDITH A  
1925 HARRISON ST  
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name Judith Greenberg

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

1926 Hollywood Blvd  
Suite 204

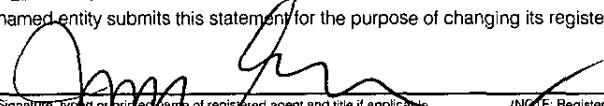
City

Hollywood

FL

Zip Code 33020

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

DATE 4/3/01

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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  
NAME GREENBERG, JUDITH  
STREET ADDRESS 1925 HARRISON STREET  
CITY-ST-ZIP HOLLYWOOD FL 33020

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

Delete

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Change  Addition

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Change  Addition

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STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

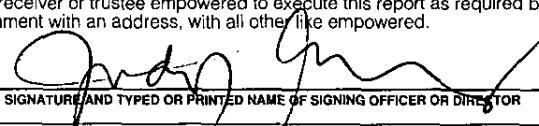
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/3/01

Daytime Phone # 954-559-0069

CR2E034 (10/00)

0104071