

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90025 003 ***158.75

DOCUMENT # P97000022192

1. Entity Name

MLJ INVESTMENTS CORP.

Principal Place of Business

Mailing Address

NW 86TH ST
FL 33150

P.O. BOX 693723
MIAMI FL 33269-0723
US

E0014898

2. Principal Place of Business

3. Mailing Address

3411 SW 142 AVE
Suite, Apt. #, etc.

3411 SW 142 AVE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIRAMAR, FLA.

City & State
MIRAMAR, FLA.

4. FEI Number **65-0746659**

Applied For
Not Applicable

Zip **33027** Country **US**

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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

JACKSON, MELVIN L
229 NW 86TH ST
MIAMI FL 33150

Name **Jackson, Melvin L.**

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

3411 SW 142 AVE.

City **MIRAMAR** FL Zip Code **33027**

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 *Melvin L. Jackson*
Signature, typed or printed name of registered agent and title if applicable.

PRESIDENT

2.2.00

(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

D JACKSON, MELVIN L 229 NW 86TH ST MIAMI FL 33150	<input type="checkbox"/> Delete	P/D JACKSON, MELVIN L. 3411 SW 142 AVE. MIRAMAR, FLA. 33027	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (9/99)

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:

Melvin L. Jackson

2.2.00 305.297.9004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #