2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

OR PRINTED NAME OF SIENS

FILED Feb 05, 2001 8:00 am Secretary of State DOCUMENT # P97000055892 1. Entity Name M.J.O. CORPORATION 02-05-2001 90016 029 ***158.75 Principal Place of Business Mailing Address 14460 S.W. 292 STREET 14460 S.W. 292 STREET LEISURE CITY FL 33033 LEISURE CITY FL 33033 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0764243 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AGUERO, MANUEL Street Address (P.O. Box Number is Not Acceptable) 14460 S.W. 292 STREET LEISURE CITY FL 33033 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change Addition TITLE ☐ Delete TITLE D NAME NAME AGUERO, MANUEL STREET ADDRESS STREET ADDRESS 14460 S.W. 292 STREET CITY-ST-ZIP CITY-ST-ZIP LEISURE CITY F: 33033 ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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 supplementally eport 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 of the under oath; that I am an officer or director of the corporation or the receiver of the under oath; that I am an officer or director of the corporation or the receiver of the under oath; that I am an officer or director of the corporation or the receiver of the under oath; that I am an officer or director of the corporation or the receiver of the under oath; that I am an officer or director of the corporation or the receiver of the under oath; that I am an officer or director of the corporation or the receiver of the under oath; that I am an officer or director of the corporation or the receiver of the under oath; that I am an officer or director of the corporation or the receiver of the under oath; that I am an officer or director of the corporation or the receiver of the under oath; that I am an officer or director of the corporation or the receiver of the under oath; that I am an officer or director of the corporation or the receiver of the under oath; the under oath I am an officer or director of the corporation or the receiver of the under oath; the under oath I am an oath I am an

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