FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Jan 31, 2001 8:00 am Secretary of State DOCUMENT # **P98000004501** M.J.M. TRADING COMPANY, INC. 01-31-2001 90194 037 \*\*\*150.00 Principal Place of Business Mailing Address 5187 NW 26 CIR 5187 NW 26 CIR BOCA RATON FL 33496 **BOCA RATON FL 33496** 2. Principal Place of Business 3. Mailing Address 701 W HILLSBOLD BLV) 1701 W HILLS BORO BLVD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 304 *304* City & State 4. FEI Number Applied For 65-0814269 EERFIELD BEAL BEACH Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired WA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MICHAEL HACHIKIAN HACKIKIAN, MICHAEL 5187 NW 26 CIR BOCA RATON FL 33496 <sup>Zip</sup>分33447レ its this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida The above named entit ESIDENS SIGNATURA (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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change ☐ Addition TITLE ☐ Delete TITLE NAME HACHIKIAN, MICHAEL NAME STREET ADDRESS STREET ADDRESS 5187 NW 26 CIR CITY-ST-ZIP CiTY-ST-7IP **BOCA RATON FL 33496** ☐ Delete ☐ Change ☐ Addition TITLE PVTS TITLE. NAME HACHIKIAN, MICHAEL NAME STREET ADDRESS STREET ADDRESS 5187 NW 26 CIR CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33496** TITLE Delete TITLE ☐ Change ☐ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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 accurate and other like empowered.