

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90065 008 ***150.00

DOCUMENT # P98000057247

1. Entity Name
M.J.P. & SONS ENTERPRISES, INC.

Principal Place of Business

**737 F 8TH AVE N
 PALMETTO FL 34221**

Mailing Address

**737-F 8TH AVE W
 PALMETTO FL 34221-4717
 US**

2. Principal Place of Business

15965 ARBORVIEW BLVD #200

3. Mailing Address

Suite, Apt. #, etc.

API # 721

City & State

NAPLES

City & State

BRADENTON, FL

Zip

34110

Country

COLLIER

Zip

34207

Country

MANATEE



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0878304

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**JASWINDER, SINGH
 737-F 8TH AVE W
 PALMETTO FL 34221**

**LUCIEN LATREILLE
 ACCOUNTING SERVICES
 4912 26th ST W #200
 BRADENTON, FL 34207**

7. Name and Address of New Registered Agent

Name

LUCIEN LATREILLE

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

4912 26th ST W, #200

4912 26th ST W, #200

City

BRADENTON

FL

Zip Code

34207

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.

(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, 2002 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

TITLE **P** ☐ Delete
 NAME **JASWINDER, SINGH**
 STREET ADDRESS **737-F 8TH AVE W**
 CITY-ST-ZIP **PALMETTO FL 34221-4717**

TITLE **VPS** ☐ Delete
 NAME **KAUR, PIRATPAL**
 STREET ADDRESS **737-F 8TH AVE**
 CITY-ST-ZIP **PALMETTO FL 34221-4717**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **JASWINDER SINGH** ☐ Change ☐ Addition
 NAME **15965 ARBORVIEW BLVD, #721**
 STREET ADDRESS **NAPLES, FL 34110**
 CITY-ST-ZIP

TITLE **KAUR, PIRATPAL** ☐ Change ☐ Addition
 NAME **15965 ARBORVIEW BLVD #721**
 STREET ADDRESS **NAPLES, FL 34221**
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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 address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/24/02** Daytime Phone #

CR2E034 (9/01)