## **2000 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED DOCUMENT # P98000058668 Apr 06, 2000 8:00 am 1. Entity Name Secretary of State MAYJOE, INC. 04-06-2000 90059 028 \*\*\*150.00 Principal Place of Business Mailing Address 817 N.E. 26TH AVENUE 817 N.E. 26TH AVENUE HALLANDALE FL 33009 HALLANDALE FL 33009-2902 2. Principal Place of Business 3. Mailing Address 333 Golden Beach Drive 333 Golden Beach Drive Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0851422 Golden Beach, Florida Not Applicable Golden Beach \$8.75 Additional 5. Certificate of Status Desired Fee Required USA 33160 33160 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Esther Shalom SHALOM, ESTHER Street Address (P.O. Box Number is Not Acceptable) 817 N.E. 26TH AVENUE <u>333 Golden Beach Drive</u> HALLANDALE FL 33009 Golden Beach 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete K Change ☐ Addition TITLE TITLE SHALOM, ANTHONY NAME NAME STREET ADDRESS STREET ADDRESS 817 N.E. 26TH AVENUE 333 Golden Beach Drive CITY-ST-ZIP CITY-ST-ZIP HALLANDALE FL 33009 Golden Beach, FL 33160 🖳 Change TITLE ☐ Delete TITLE ☐ Addition SHALOM, ESTHER NAME NAME STREET ADDRESS 333 Golden Beach Drive STREET ADDRESS 817 N.E. 26TH AVENUE CITY-ST-ZIP CITY-ST-ZIP Golden Beach, FL\_33160 HALLANDALE FL 33009 TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THE Change ☐ Addition 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-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 a address, with all other like empowered.