

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 02, 2000 8:00 am
Secretary of State

08-02-2000 90150 008 ***150.00

DOCUMENT # P98000060479

1. Entity Name
MDJ, INC.

R

Principal Place of Business
**1859 STAIMFORD CIR.
 WELLINGTON FL 33414**

Mailing Address
**1859 STAIMFORD CIR.
 WELLINGTON FL 33414**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0861177**

Applied For
 Not Applicable

Zip Country

Zip Country

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

**ANGOTTI, MICHAEL A
 1859 STAIMFORD CIR.
 WELLINGTON FL 33414**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANGOTTI, MICHAEL A 1859 STAIMFORD CIR. WELLINGTON FL 33414	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANN ANGOTTI 1859 STAIMFORD CIR WELLINGTON FL 33414	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Michael A. Angotti **RECOMMENDED A. ANGOTTI** 7-16-00 800-545-4968
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (5/00)

DOC# P98000060479

B0103925

Account Activity

Account: 080055891 Start Date: Currency/Fund: USD Filter: PB03

Account Name: MDJ INC

Direction: Backward

Trade: 800.00- Settle: 800.00- Type: All Activity Beginning:

Settle	Type	Quantity	Short Description	Net Amount	Price
0712	CR		REDEEM B	398.12-	
0712	CR		CASH RECEIVED	800.00-	
0711	DR		Check # 132	398.12	
0620	DR		CASH	3.87	
0619	CR		CASH JOURNAL	1,600.00	
0614	DR		CASH	800.00-	
0613	CR		CASH JOURNAL	800.00-	
0612	CR		CASH RECEIVED	800.00-	
0609	CR		REDEEM B	70.00-	
0608	DR		Check # 129	70.00	
0607	CR		REDEEM B	398.12-	
0606	DR		Check # 131	398.12	
0511	CR		REDEEM B	70.00-	
0510	CR		REDEEM B	414.55-	
0510	DR		Check # 128	70.00	
0509	DR		Check # 127	414.55	
0414	DR		CASH	450.00	
0413	DR		Check # 122	350.00	
0412	CR		CASH RECEIVED	800.00-	
0411	CR		REDEEM B	408.12-	
0410	DR		Check # 124	408.12	
0410	CR		REDEEM B	70.00-	
0407	DR		Check # 125	70.00	
0405	CR		REDEEM B	263.00-	
0404	DR		Check # 121	263.00	

Item Detail

Symbol: Cus Ip: Entry Date: Split:

Trade Date/Number: Face/Par Value:

Transaction Description:

DOC# P98000060479

B0103925

July 17, 2000

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Recently MDJ Inc. Received a second form 2000 Uniform Business Report stating that the state of Florida did not receive the original report with the \$150.00 filing fee that should be filed by the end of April 2000.

I'm enclosing the second form along with a check in the amount of \$150.00 check number 134 for the year 2000.

I'm also enclosing a copy of the first form and a copy of the \$150.00 check, check number 126 that was sent in April 2000. I am also sending a copy of my bank statement that shows check number 126, dated 4-3-00 in the amount of \$150.00 made payable to The Department of the State has not been cashed to date.

Please except these copies as proof that the originals were sent in time, and must be lost in the mail.

If you have any questions, please contact me at work (800) 545-4968, or at home (561) 791-8923.

Sincerely,



Michael Angotti
President of MDJ Inc.