

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90043 037 \*\*\*150.00

**DOCUMENT # P98000068172**

1. Entity Name

**MJ HOTELS OF PITTSBURGH, INC.**

Principal Place of Business

Mailing Address

1601 BELVEDERE RD. STE 407  
 WEST PALM BEACH FL 33406

1601 BELVEDERE RD. STE 407  
 WEST PALM BEACH FL 33406-1541

00017264

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0852931**

Applied For  
 Not Applied

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

**MEYER, WILLIAM A**  
**1601 BELVEDERE RD, STE 407**  
**WEST PALM BEACH FL 33406**

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

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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Added to F.**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☐ Delete  
 NAME **JABARA, RICHARD G**  
 STREET ADDRESS **105 NEWTOWN RD**  
 CITY-ST-ZIP **DANBURY CT 06810**

TITLE ☐ Change ☐ \*  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VS** ☐ Delete  
 NAME **MEYER, WILLIAM A**  
 STREET ADDRESS **1601 BELVEDERE RD, STE 407**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE ☐ Change ☐ \*  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 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 Schedule C, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

*February 3, 2000* *561 689-61*