

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000077332

1. Entity Name

M, R & J PROPERTIES MANAGEMENT, INC.

Principal Place of Business

Mailing Address

6465 SIMS ROAD
DELRAY BEACH FL 33484

P.O BOX 2062
DELRAY BEACH FL 33447

2. Principal Place of Business

5699 FROST LANE

3. Mailing Address

P.O BOX 2062

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DELRAY BEACH, FL.

DELRAY BEACH, FL.

City & State

City & State

4. FEI Number 65-0873040

Applied For

Not Applicable

Zip

33484

Country

Zip

33447

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GIANOLIO, MARY A
6465 SIMS ROAD
DELRAY BEACH FL 33484

7. Name and Address of New Registered Agent

Name

MARY A. GIANOLIO

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

5699 FROST LANE

City

DELRAY BEACH

FL

Zip Code

33484

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

Mary A. Gianolio

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/5/01

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	GIANOLIO, MARY A	
STREET ADDRESS	6465 SIMS ROAD	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LEE, ROBERT A	
STREET ADDRESS	C/O 6465 SIMS ROAD	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LEE, JACK W	
STREET ADDRESS	C/O 6465 SIMS ROAD	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY A. GIANOLIO	
STREET ADDRESS	5699 FROST LANE	
CITY-ST-ZIP	DELRAY BEACH, FL. 33484	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT A. LEE	
STREET ADDRESS	C/O 5699 FROST LANE	
CITY-ST-ZIP	DELRAY BEACH, FL. 33484	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACK W. LEE	
STREET ADDRESS	C/O 5699 FROST LANE	
CITY-ST-ZIP	DELRAY BEACH, FL. 33484	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Mary A. Gianolio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/01

DATE

561-499-2433

DAYTIME PHONE #

CR2E034 (10/00)

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90079 045 ***150.00

B0001106



DO NOT WRITE IN THIS SPACE