

2001 UNIFORM BUSINESS REPORT (UBR)

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

01-10-2001 90079 045 ***150.00

DOCUMENT # P98000077332

1. Entity Name
M, R & J PROPERTIES MANAGEMENT, INC.

Principal Place of Business Mailing Address
6465 SIMS ROAD P.O BOX 2062
DELRAY BEACH FL 33484 DELRAY BEACH FL 33447

2. Principal Place of Business 3. Mailing Address
5699 FROST LANE P.O Box 2062
 Suite, Apt. #, etc. Suite, Apt. #, etc.
DELRAY BEACH, FL. DELRAY BEACH, FL.
 City & State City & State

Zip Country Zip Country
33484 33447

4. FEI Number **65-0873040** Applied For
 Not Applicable
 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 DATE 1/5/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 DATE: 1/5/01 DAYTIME PHONE #: 561-499-2433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B0001106



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)