03-11-2002 90072 001 *1,058.75
P98000099775

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 21 AM 9:26

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000099775

1. Entity Name
MJM Investment Group, Inc

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 00-02

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
13018 NE 8th Ave	13018 NE 8th Ave
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State: North Miami, FL	City & State: North Miami FL
Zip: 33161 Country: US	Zip: 33161 Country: US

4. FEI Number: N/A — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Jean Monestime
Street Address (P.O. Box Number is Not Acceptable): 6242 NW 201 Ter
City: Miami FL Zip Code: 33015

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: Jean Monestime, Pres. [signature] 02/22/02

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (see criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	Name / Street Address / City-St-Zip	Title	Name / Street Address / City-St-Zip
PD	MONESTIME, JEAN 6242 NW 201 Ter Miami, FL 33015		
VP	Jacques Pierre-Louis 6242 NW 201 Ter Miami, FL 33015		
D	Kettia Monestime 6242 NW 201 Ter Miami, FL 33015		DO NOT WRITE IN THIS SPACE
VP	Jean Jules 10315 NW 2nd Court Miami, FL 33150		
VP	Manuel, Justin 10315 NW 2nd Court Miami, FL 33150		3/21

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Jean Monestime 2/22/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #