

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000103320

1. Entity Name

MJA CONSTRUCTION CORP.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90127 038 ***158.75

Principal Place of Business

11382 PROSPERITY FARMS RD., SUITE 130
PALM BEACH GARDENS FL 33410

Mailing Address

11382 PROSPERITY FARMS RD., SUITE 130
PALM BEACH GARDENS FL 33410-3463

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0891812

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TAMILA, DAVID M CPA
11382 PROSPERITY FARMS RD., SUITE 130
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

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 Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	LELAND, EDWIN	
STREET ADDRESS	4835 BIMINI RD.	
CITY-ST-ZIP	TEQUESTA FL 33496	
TITLE	SRV	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, RICK	
STREET ADDRESS	840 BUTTONWOOD RD	
CITY-ST-ZIP	N. PALM BEACH FL 33408	
TITLE	TS	<input type="checkbox"/> Delete
NAME	TAMILA, DAVID W	
STREET ADDRESS	11962 SE TIFFANY WAY	
CITY-ST-ZIP	TEQUESTA FL 33496	
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	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael J. Anderson	
STREET ADDRESS	11382 Prosperity Farms Road, Suite 130	
CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J. Anderson 1/10/00 561-627-4744

Date

Daytime Phone #