

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jul 05, 2000 8:00 am
Secretary of State

05-31-2000 90070 045 ***150.00

307410

DO NOT WRITE IN THIS SPACE

DOCUMENT # *PA9.000011681*
 1. Entity Name
MJRD, Inc.

Principal Place of Business Mailing Address

2. Principal Place of Business *630 E. Atlantic Ave.*
 Suite, Apt. #, etc.

3. Mailing Address *630 E. Atlantic Ave*
 Suite, Apt. #, etc.

City & State
Delray Beach FL
 Zip *33483* Country *USA*

City & State
Delray Beach FL
 Zip *33483* Country *USA*

4. FEI Number
65-0893868
 Applied For
 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Jane R. DeBoe
630 E. Atlantic Ave
Delray Beach FL 33483

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 *Jane R. DeBoe*
 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!!! FEES - \$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 <i>president</i>	<input type="checkbox"/> Delete
NAME <i>Jane R. DeBoe</i>	
STREET ADDRESS <i>820 Forsyth St</i>	
CITY-ST-ZIP <i>Boca Raton FL 33487</i>	
TITLE <i>secretary</i>	<input type="checkbox"/> Delete
NAME <i>Thomas S DeBoe</i>	
STREET ADDRESS <i>820 Forsyth St</i>	
CITY-ST-ZIP <i>Boca Raton FL 33487</i>	
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	<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: *Jane R. DeBoe* *Jane R. DeBoe* *561. 274.3048*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *5/17/00* Date Daytime Phone #

CR2E034 (9/99)