2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P9900011681 DOCUMENT



FILED Jan 08, 2003 8:00 am Secretary of State

1. Entity Name MJRD INCORPORATED								01-08	3-2003 9013	0 035 ***150	.00	
Principal Plac 701 E. PALME BOCA RATON	etto park ro	DAD	701 (Mailing Address 701 E. PALMETTO PARK ROAD BOCA RATON FL 33432-5103								
2. Principal P	lace of Busin	ess	3. Mailing Address							ONDERINAN SIASA DEIDE I	4,0 1	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					☑ CHECK	HERE IF MAK	ING CHANGES		
City & Stat	e		City	City & State				4. FEI Number 65-089	93868	h	plied For t Applicable	
Zip	Zip Country			Country		try	;	5. Certificate of Status Do	esired	\$8.75 Add Fee Required	itional	
	6. Name	and Address of Curre	nt Registere	ed Agent	·		7	7. Name and Address o	New Register	ed Agent	_	
						Name _		·				
DEBOC, JANE R								, , , , , , , , , , , , , , , , , , , ,				
630 E ATLANTIC AVE						Street Ad	Street Address (P.O. Box Number is Not Acceptable)					
DELRAY BEACH FL 33483							01 E	3. PALMET				
						City 12	OCA	RATON		FL Zip Sogs	432	
SIGNATURE	ILE NOW!! r May 1, 200	or printed name of registered age 1 FEE IS \$150.00 13 Fee will be \$550.0 15 Florida Department	0	Slicable. (NOTI	E: Registere	d Agent signature	e required whi	9. Election Camp Trust Fund Col	-	3/03 TE \$5.00 □ Added	O May Be to Fees	
10.		OFFICERS AN		l DRS	11.			ADDITIONS/CHANGES	TO OFFICERS /	AND DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,	☐ Delete	TITLI NAM STRE					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		HOMAS S YTH STREET TON FL 33487		☐ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>	•	☐ Delete		1	-			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		1				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS				☐ Delete	NAM STRE					Change	Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: