

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000020558

i. Entity Name

MJM GLOBAL FINANCE, INC.

**FILED**  
May 03, 2000 8:00 am  
Secretary of State

05-03-2000 90057 045 \*\*\*150.00

Principal Place of Business

Mailing Address

P.O. BOX 272905

P.O. BOX 272905

BOCA RATON FL 33427

BOCA RATON FL 33427-2905

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

970 East Jeffery ST

Suite, Apt. #, etc.

970 East Jeffery ST

City & State

Boca Raton FL

City & State

Boca Raton FL

Zip

33487

Country

USA

Zip

33487

Country

USA

4. FEI Number

105-0899881

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ITKIN, ALISA  
970 EAST JEFFERY STREET  
BOCA RATON FL 33487

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          | D                   | <input type="checkbox"/> Delete |
| NAME           | MATIRE, MARK JOSEPH |                                 |
| STREET ADDRESS | PO BOX 272905       |                                 |
| CITY-ST-ZIP    | BOCA RATON FL 33427 |                                 |
| TITLE          | D                   | <input type="checkbox"/> Delete |
| NAME           | ITKIN, ALISA        |                                 |
| STREET ADDRESS | PO BOX 272905       |                                 |
| CITY-ST-ZIP    | BOCA RATON FL 33427 |                                 |
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                              |
| STREET ADDRESS | 970 East Jeffery Street                                                      |
| CITY-ST-ZIP    | Boca Raton FL 33487                                                          |
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                              |
| STREET ADDRESS | 970 East Jeffery Street                                                      |
| CITY-ST-ZIP    | Boca Raton FL 33487                                                          |
| 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:

*Mark Matire*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/00

Date

561-708-0938

Daytime Phone #

CR2E034 (9/99)