

* Did not receive UBR form in the mail (15)

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000022359

1. Entity Name

MJRB Ventures, INC.

Principal Place of Business

13119 ARONOMINK LANE
ORLANDO, FL 32828

Mailing Address

13119 Aronomink Lane
Orlando, FL 32828

2. Principal Place of Business

13119

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3576060

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

00085548

6. Name and Address of Current Registered Agent

CAESAR RABANES
13119 ARONOMINK LANE
ORLANDO, FL 32828

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PRESIDENT	JACOBI BATTAD JR	1280 PEPPERWOOD LANE	ORLANDO, FL 32828	<input type="checkbox"/>
VP - OPERATIONS	CAESAR RABANES	13119 ARONOMINK LANE	ORLANDO, FL 32828	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Sept. 11, 2000

Daytime Phone #

CR2E034 (5/00)

Attachment
DHP90W22359
DW 85548

September 11, 2000

Division of Corporations
Uniform Business report filings
P.O. Box 1500
Tallahassee, Fl 32302-1500

Dear Sir:

Enclosed you will find, \$150.00 for our Uniform Business Report filing fee. I respectfully request your office to waive the additional surcharge.

I did not received neither the first nor a second UBR filing form.

I thank you in advance for your kind consideration.

Respectfully yours,



Caesar Rabanes

MJRB Ventures, Inc. - P99 000 22 359