

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000038652

1. Entity Name

MBJ CORPORATION

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

02-05-2000 90027 048 ***158.75

Principal Place of Business

6916 N.W. 66TH AVE.
PARKLAND FL 33067

Mailing Address

6916 N.W. 66TH AVE.
PARKLAND FL 33067-1409

2. Principal Place of Business

3301 W. Baynton Beach Blvd
Suite, Apt. #, etc.

3. Mailing Address

3301 W. Baynton Beach
Suite, Apt. #, etc.

10

10

City & State

Baynton Beach, FL.

City & State

Baynton Beach, FL.

Zip

33436

Country

U.S.

Zip

33436

Country

U.S.

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SADER, ROBERT L
1901 W. CYPRESS CREEK RD. STE. 415
FORT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name

Samir

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
NAME BURGESS, BRADLEY J
STREET ADDRESS 6916 N.W. 66TH AVE.
CITY-ST-ZIP PARKLAND FL 33067

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Add

TITLE P
NAME Jason Canton
STREET ADDRESS 3301 W. Baynton Beach Blvd.
CITY-ST-ZIP Baynton Beach, FL 33436

☐ Change

☒ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/00

Date

(561) 736-8283

Daytime Phone #