2001 UNIFORM BUSINESS REPORT (UBR)

Secretary of State DOCUMENT # P99000046529 1. Entity Name 05-07-2001 90033 004 ***150.00 M & J GAS CORPORATION Principal Place of Business Mailing Address 1700 S. DIXIE HWY., STE, 3-B 1700 S. DÍXIE HWY., STE. 3-B **BOCA RATON FL 33432 BOCA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE _Suite, Apt. #, etc:___ City & State City & State 4. FELNumber Applied For 65-0930910 Not Applicable Zip Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MAHER, JOSEPH L III CPA Street Address (P.O. Box Number is Not Acceptable) 1700 S. DIXIE HWY., STE. 3-B **BOCA RATON FL 33432** 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS PEESIDENT TITLE ☐ Change Addition | TITLE Delete MARTHA RANGEL JEWELL JEWELL, JOHN NAME NAME 2417 NW STREET ADDRESS STREET ADDRESS 2387 N.W. 49TH LN. CITY-ST-ZIP CITY-ST-ZIP **BOC ARATON FL 33431** me Change ☐ Addition ☐ Delete nne NAME NAME STREET ADDRESS STREET ADDRESS CITY-51-2IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-7IP C117-S1-7/P TITLE TITLE ☐ Addition Delete ☐ Change NAME NAME STHEET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED

Jun 20, 2001 8:00 am

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