

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000055609

1. Entity Name
M&J FUNDING, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90117 014 ***150.00

Principal Place of Business

Mailing Address

708 ROB ROY PLACE
TEMPLE TERRACE FL 33617

P.O. BOX 16652
TAMPA FL 33657



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1810 E. 131st Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Tampa, Florida

City & State

City & State

4. FEI Number 59-3288240

Applied For

Not Applicable

Zip

Country

Zip

Country

33612

Hillsborough

33687

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RENDAHL, MORRIS E
708 ROB ROY PLACE
TEMPLE TERRACE FL 33617

Name RENDAH, MORRIS E.

Street Address (P.O. Box Number is Not Acceptable)

1810 EAST 131st Avenue

City

Tampa

FL

Zip Code

33612

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME RENDAH, MORRIS E
STREET ADDRESS 708 ROB ROY PLACE
CITY-ST-ZIP TEMPLE TERRACE FL 33617

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *Morris E. Rendahl* MORRIS E. RENDAH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01

Date

813-972-3308

Daytime Phone #

CR2E034 (10/00)