

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S05368

1. Entity Name
MJR INTERIORS, INC.

FILED
Sep 07, 2000 8:00 am
Secretary of State

09-07-2000 90063 025 ***550.00

Principal Place of Business
855 S FEDERAL HWY
105
BOCA RATON FL 33432
US

Mailing Address
855 S FEDERAL HWY
105
BOCA RATON FL 33432
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0224926

Applied For
Not Applicable

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

CAPITAL CONNECTION, INC.
417 E. VIRGINIA STREET
SUITE 1
TALLAHASSEE FL 32301

Name MARY JANE REEVES
Street Address (P.O. Box Number is Not Acceptable) 855 S. FEDERAL Highway #105
Boca RATON
City FL Zip Code 33432

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 Mary Jane Reeves

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME REEVES, MARY JANE
STREET ADDRESS 817 NW 110 LANE
CITY-ST-ZIP CORAL SPRINGS FL

TITLE SECRET
NAME Douglas Feldman
STREET ADDRESS 3400 E. 1st Ave.
CITY-ST-ZIP Delray Beach, FL 33483

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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: Mary Jane Reeves
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/00 561-447-7301
Date Daytime Phone #

CR2E034 (5/00)