## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 28, 2000 8:00 am Secretary of State **DOCUMENT # \$51150** 1. Entity Name THE MTJ, GROUP, INC. 03-28-2000 90060 043 \*\*\*150.00 Mailing Address Principal Place of Business 4960 SW 52ND STREET 4960 SW 52ND STREET DAVIE FL 33314 DAVIE FL 33314-5530 US 3. Mailing Address Principal Place of Business 480 5 W 800 5W 97 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 107 5*TE* 572 4. FEI Number Applied For 65-0259980 AUC Not Applicable Country 5 \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HELFT, MICHEAL Street Address (P.O. Box Number is Not Acceptable) 10920 LAS SALINAS **BOCA RATON FL 83428** 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE HELFT, MICHAEL NAME NAME STREET ADDRESS 5353 ASCOT BEND STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Addition TITLE Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP les not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information curate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 is like experient. 13. I hereby certify that the information supplied y indicated on this report or supplemental report the corporation or the receiver or trustee to changed, or on an attachment with an a SIGNATURE: