

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State
 05-01-2000 90012 022 ***150.00

DOCUMENT # S87262

1. Entity Name

MARKET FORCE ENTERPRISES INC.

Principal Place of Business

Mailing Address

8860 S.W. 10TH ST.
 PEMBROKE PINES FL 33161
 US

P O BOX 245831
 PEMBROKE PINES FL 33024-0113
 US

2. Principal Place of Business

3. Mailing Address

8860 S.W. 10 ST.

8860 S.W. 10 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0289800

Applied For

Not Applicable

PEMBROKE PINES FL

PEMBROKE PINES FL

Zip

Country

Zip

Country

33025

U.S.

33025

U.S.

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

ADOLPH C. JONES
8860 SW W. ST.
PEMBROKE PINES FL 33161

Name **ADOLPH C. JONES**

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

8860 S.W. 10 ST

City **PEMBROKE PINES FL**

Zip Code **33025**

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 **ADOLPH C. JONES**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

04/19/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PST** ☐ Delete
 NAME **JONES, ADOLPH C**
 STREET ADDRESS **8860 SW 10 ST**
 CITY-ST-ZIP **PEMBROKE PINES FL 33025**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

ADOLPH C. JONES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/19/00 (954) 431-6708

Date Daytime Phone #