

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90110 001 ***150.00

DOCUMENT # P98000020487

1. Entity Name
THE MUCKER COMPANY, INC.

Principal Place of Business 3301 PONCE DE LEON BLVD. SUITE #200 CORAL GABLES FL 33134	Mailing Address 3301 PONCE DE LEON BLVD. SUITE #200 CORAL GABLES FL 33134
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723549



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2701 S. BAYSHORE DR.	3. Mailing Address 2701 S. BAYSHORE DR.
Suite, Apt. #, etc. Suite 402	Suite, Apt. #, etc. Suite 402
City & State COCONUT GROVE, FL	City & State COCONUT GROVE, FL
Zip 33133	Zip 33133
Country	Country

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SANDLER, SCOTT M 3301 PONCE DE LEON BLVD, SUITE #200 CORAL GABLES FL 33134	7. Name and Address of New Registered Agent Name Scott M Sandler Street Address (P.O. Box Number is Not Acceptable) 2701 S. BAYSHORE DR. #402 City COCONUT GROVE FL Zip Code 33133
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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 *Scott Sandler* **Scott M. Sandler** **2-26-01**
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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST SANDLER, SCOTT M 3301 PONCE DE LEON BLVD, SUITE #200 CORAL GABLES FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST SANDLER, SCOTT M 2701 S. BAYSHORE DR. #402 COCONUT GROVE, FL. 33133 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDLER, SCOTT M 3301 PONCE DE LEON BLVD SUIE #200 CORAL GABLES FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDLER, SCOTT M 2701 S. BAYSHORE DR. #402 COCONUT GROVE, FL. 33133 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *Scott Sandler* **PRESIDENT Scott M. Sandler** **305-858-1622**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)