

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 623844

1. Entity Name

MAIZNER & FRANKLIN, INC.

Principal Place of Business

Mailing Address

~~613 NE 3RD AVENUE
FT. LAUDERDALE FL 33304~~

6124 ROSE TERRACE
PLANTATION FL ~~33314~~ 33317

US 6124 ROSE TERRACE
PLANTATION, FL 33317

US 33317

2. Principal Place of Business

3. Mailing Address

6124 ROSE TERR

Suite, Apt. #, etc.

6124 ROSE TERR

Suite, Apt. #, etc.

City & State

PLANTATION FL

City & State

FLORIDA

Zip

33317

Country

USA

Zip

33317

Country

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEINBERG, STEVEN
FRANK FLASTER EFFMAN WEINBERG
8000 PETERS RD.
PLANTATION FL 33324

Name

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

City

FL

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

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	PD	<input type="checkbox"/> Delete
NAME	MAIZNER, JANET P.	
STREET ADDRESS	6124 ROSE TERRACE	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	MAIZNER, NEK	
STREET ADDRESS	6124 ROSE TERR.	
CITY-ST-ZIP	PLANTATION, FL 33317	
TITLE		<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90127 012 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1918510 ☐ Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

CR2E034 (9/99)

2/29 /2000 761-8888