

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90008 011 ***150.00

DOCUMENT # **F48439**

1. Entity Name
M. Y. L. ENTERPRISES, INC.

Principal Place of Business

~~306 N. FLAGLER AVE~~ **2221 NE 164th ST**
~~HOMESTEAD FL 33030~~ **N. Miami Beach FL 33160**
US

Mailing Address

~~306 N. FLAGLER AVE~~ **2221 NE 164th ST**
~~HOMESTEAD FL 33030~~ **N. Miami Beach FL 33160**

2. Principal Place of Business

2221 NE 164th ST
Suite, Apt. #, etc.

3. Mailing Address

2221 NE 164th ST
Suite, Apt. #, etc.

City & State

N. Miami Beach FL
Zip **33160** Country **USA**

City & State

N. Miami Beach FL
Zip **33160** Country **USA**

4. FEI Number **59-2133219**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LOPEZ, MAXINE
1350 N.W. 114TH AVE.
PEMBROKE PINES FL 33026

7. Name and Address of New Registered Agent

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. ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE	PT P	<input type="checkbox"/> Delete
NAME	LOPEZ, MAXINE	
STREET ADDRESS	1350 N.W. 114TH AVE.	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	Secretary Treasurer	<input type="checkbox"/> Delete
NAME	LOPEZ, LOUIS	
STREET ADDRESS	1350 N.W. 114TH AVE.	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Ellen Senel	
STREET ADDRESS	2365 NE 195th St	
CITY-ST-ZIP	N. Miami Beach FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Maxine Lopez	
STREET ADDRESS	1350 NW 114th Ave	
CITY-ST-ZIP	Pembroke Pines FL 33026	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ellen Senel	
STREET ADDRESS	2365 NE 195th St	
CITY-ST-ZIP	N. Miami Beach, FL 33180	
TITLE	Secretary-Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Louis Lopez	
STREET ADDRESS	1350 NW 114th Ave	
CITY-ST-ZIP	Pembroke Pines FL 33026	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: **Maxine Lopez** **MAXINE LOPEZ** 2/05/02-954-431-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)