

**2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # **H15634**

1. Entity Name

**MILE MARKER, INC.****FILED**  
**Mar 24, 2002 8:00 am**  
**Secretary of State**

03-24-2002 90016 001 \*\*\*150.00

0184123 AV

Principal Place of Business

**1450 SW 13 CT.  
POMPANO BCH. FL 33069**

Mailing Address

**1450 SW 13 CT.  
POMPANO BCH. FL 33069**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-2490268</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent****AHO, RICHARD E.  
5500 N.E. 31 AVE.  
FT LAUDERDALE FL 33308****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.**  
(See criteria on back) ☒**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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CCEO AHO, RICHARD E. 5500 NE 31 AVE FT LAUDERDALE FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C P CEO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD AHO, LESLIE J. 5500 NE 31 AVE FT LAUDERDALE FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D 1450 SW 13 CT POMPANO BEACH FL 33069</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V AHO, JOEL S. 5500 NE 31 AVE FT LAUDERDALE FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V 1450 SW 13 CT POMPANO BEACH FL 33069</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V AHO, DREW V 5045 NW 47 AVE COCONUT CREEK FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V D 1450 SW 13 CT POMPANO BEACH FL 33069</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SHELLEY, GEORGE 1412 SW 13TH COURT POMPANO BEACH FL 33069</b> <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	<b>S T CFO ALVIN A. HIRSCH 1450 SW 13 CT POMPANO BEACH, FL 33069</b> <input type="checkbox"/> Change <input checked="" 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:

**ALVIN A. HIRSCH**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**3-7-02**  
Date**954-782-0604**  
Daytime Phone #

CR2E034 (9/01)