## **2003 FOR PROFIT CORPORATION**

## UNIFORM BUSINESS REPORT (UBR) H72088

DOCUMENT # 1. Entity Name

MARTIN E. KATZ ENTERPRISES, INC.

Mailing Address Principal Place of Business



**FILED** May 05, 2003 8:00 am Secretary of State 05-05-2003 91399 002 \*\*\*150.00

MIAMI BEACH		807		MIAMI BEACH FL 33140							
2. Principal Place of Business			<b>3.</b> Mai	3. Mailing Address						)	111 81811 1881
Suite, Apt.	#, etc.		Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State	e		City	City & State			<b>4.</b> F	59-2564496		<del></del>	plied For t Applicable
Zip	Country Zip			Coun	Country 5.		5. Certificate of Status Desired See Required \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent							7. N	lame and Address of New Re	egistered A	gent	
						Name — —					
IMBER, SUZAN K.						Street Address (P.O. Box Number is Not Acceptable)					
5025 COLLINS AVENUE #1807											
MIAMI BEA	ACH FL 33	140									
						City FL Zip Code					
	named entit		t for the purp	ose of changing its	registere	ed office or re	egistered age	ent, or both, in the State of Flor	rida. I am fa	miliar with, a	and accept
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SIGNATURE .	0' b	or printed name of registered ag		diameter (NOTI	E. Decistoro	d Agent signature	required when re	instation	DATE		
	signature, typed	or printed name of registered ag	jent and title it app	I (NOT	c. negistere	o Agent signature	required when re	instanty)	DAIL		
After	May 1, 200	!! FEE IS \$150.00 03 Fee will be \$550.0						9. Election Campaign Fina Trust Fund Contribution			May Be to Fees
Make Check	Payable to	Florida Departmen	t of State								
10.		OFFICERS AI	ND DIRECTO	RS	11.		AD	DITIONS/CHANGES TO OFFI	CERS AND		
TITLE	P Delete			TITLE				Change	☐ Addition		
NAME	IMBER, SUZAN K.		NAM								
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12 I boroby c	portify that th	e information supplied	with this filing	does not qualify for	r the eve	motion state	d in Section	119 07(3\/ii) Florida Statutes I	further certi	fy that the in	formation

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIDKITUS PSIZINKETISER

PARTIES AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE

305-866-8898