2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 01, 2001 8:00 am Secretary of State DOCUMENT # **J78849** M.Y.K. PROPERTIES, INC. 03-01-2001 90470 001 ***750.00 Principal Place of Business Mailing Address % LEE SELIGMAN % LEE SELIGMAN 3900 N 45TH AVE 0 4 7 1 0 3900 N 45TH AVE HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2842245 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SELIGMAN, LEE Street Address (P.O. Box Number is Not Acceptable) 3900 N 45TH AVE HOLLYWOOD FL 33021 Zip Code City FL 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** DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. **C**hange ☐ Addition TITLE PITID Delete TITLE **PSD** SELIGHAN, SHARON A. NAME NAME SELIGMAN, SHARON A. STREET ADDRESS 3900 N. 45 AVE STREET ADDRESS 3900 N 45TH AVE CITY-ST-ZIP CITY-ST-ZIP HOWHWOOD, HOLLYWOOD FL **C**hange ■ Addition ☐ Delete TITLE V, S, DTITLE VTD SELIGNAN, LEE 3900 N. 45 AVE NAME NAME SELIGMAN, LEE STREET ADDRESS STREET ADDRESS 3900 N 45TH AVE CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL Change ☐ Addition TITLE TITLE Delete NAME NAME FARBER, NATHAN G. STREET ADDRESS STREET ADDRESS 144-39 70TH AVE CITY-ST-ZIP CITY-ST-ZIP FLUSHING NY ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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. LEE SELIGN SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR