

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K09608

1. Entity Name

MLS PROPERTIES, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90031 015 ***158.75

80051786



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6061 NE 14TH AVE. FT. LAUDERDALE FL 33334 US		Mailing Address 6061 NE 14TH AVE. FT. LAUDERDALE FL 33334-5007 US	
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 65-0053850		Applied Not Ap.	
5. Certificate of Status Desired		X \$8.75 Addition Fee Required	
6. Name and Address of Current Registered Agent RAMIREZ, FREDRICK J 10041 PINES BLVD. STE. C PEMBROKE PINES FL 33024		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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 Mi
Added to F

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE	P	TITLE	☐ Change ☐
NAME	DEMARAY, SANNIE Y	NAME	
STREET ADDRESS	1225 E LAKE DR	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	CITY-ST-ZIP	
TITLE	VP	TITLE	☐
NAME	POULOS, MELINDA E	NAME	
STREET ADDRESS	5400 SW 70 AVE.	STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL	CITY-ST-ZIP	
TITLE	ST	TITLE	☐
NAME	KOWALCZYK, LINDA	NAME	
STREET ADDRESS	2800 NE 47TH ST.	STREET ADDRESS	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	CITY-ST-ZIP	
TITLE		TITLE	☐
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. I hereby certify that the information furnished on this report is true and correct to the best of my knowledge and belief, and that I am a duly authorized officer or director of the corporation.

SIGNATURE *Linda Kowalczyk*

3-28-2000