

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L93849**

1. Entity Name

MAKI OF MIAMI, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90429 032 ***150.00

Principal Place of Business

**2000 S BAYSHORE DR #41
MIAMI FL 33133**

Mailing Address

**2665 S BAYSHORE DR STE 603
MIAMI FL 33133-5401
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

2000 S. Bayshore Drive

Suite, Apt. #, etc.

Villa #41

City & State

Miami, Florida

Zip

33133

Country

U.S.

4. FEI Number

65-0285793

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MADORSKY, MARSHA G.
2665 SOUTH BAYSHORE DR., STE 603
MIAMI FL 33133**

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 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **MARSHA G. MADORSKY**
STREET ADDRESS **2665 S BAYSHORE DR, #603**
CITY-ST-ZIP **MIAMI FL**

TITLE **PD** ☐ Change ☐ Addition
NAME **MARSHA G. MADORSKY**
STREET ADDRESS **2000 S. BAYSHORE DRIVE, Villa #41**
CITY-ST-ZIP **33133**

TITLE **STD** ☐ Delete
NAME **MARTIN MADORSKY**
STREET ADDRESS **7800 SW 87 AVE., #C-350**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)