

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L93849

1. Entity Name

MAKI OF MIAMI, INC.

Principal Place of Business

2000 S BAYSHORE DR #41
MIAMI FL 33133

Mailing Address

2000 SOUTH BAYSHORE DRIVE
VILLA #41
MIAMI FL 33133
US

2. Principal Place of Business

100 SE Second Street

3. Mailing Address

100 SE Second Street

Suite, Apt. #, etc.

Suite 4000

Suite, Apt. #, etc.

Suite 4000

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33131

Country

USA

Zip

33131

Country

USA

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Marsha G. Madorsky
Street Address (P.O. Box Number is Not Acceptable)
100 SE Second Street
Suite 4000
City
Miami FL Zip Code
33131

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

3-19-01

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, 2001 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

TITLE PD
NAME MARSHA G. MADORSKY ☐ Delete
STREET ADDRESS 2000 SOUTH BAYSHORE DRIVE VILLA #41
CITY-ST-ZIP MIAMI FL 33133

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE STD
NAME MARTIN L. MADORSKY ☐ Change ☐ Addition
STREET ADDRESS 6101 Blue Lagoon Drive, Suite 455
CITY-ST-ZIP Miami, Florida 33126

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

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

TITLE ☐ Change ☐ Addition
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/19/01 205-265-2853

FILED
Apr 14, 2001 8:00 am
Secretary of State

04-14-2001 90005 006 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)