

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90670 018 ****61.25

DOCUMENT # N98000001750

1. Entity Name

MR. AND MRS. CLUB, INC.

Principal Place of Business

Mailing Address

**18011 BISCAYNE BLVD
 #1101
 AVENTURA FL 33166**

**18011 BISCAYNE BLVD
 #1101
 AVENTURA FL 33166**

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

65-0909575

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

**ABRAHAMS, DANIEL
 18011 BISCAYNE BLVD #1101
 AVENTURA FL 33160**

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

Daniel Abrahams

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ADLERSTEIN, HERSH	
STREET ADDRESS	2801 NE 183RD ST. #304	
CITY-ST-ZIP	AVENTURA FL 33160	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SCHRIER, MARTHA	
STREET ADDRESS	451 NE 210 CIRCLE TER #202	
CITY-ST-ZIP	N MIAMI BEACH FL 33179	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WULKAN, ELIZABETH	
STREET ADDRESS	1200 NE MIAMI GARDENS DRIVE #703	
CITY-ST-ZIP	N MIAMI BEACH FL 33179	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PARKINS, LLOYD	
STREET ADDRESS	16570 NE 26 AVE #2ASO	
CITY-ST-ZIP	N. MIAMI BCH FL 33160	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WULKAN, LARRY	
STREET ADDRESS	1200 NE MIAMI GARDENS DRIVE #703	
CITY-ST-ZIP	N MIAMI BEACH FL 33160	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCISS, MATTI	
STREET ADDRESS	3701 N. COUNTRY CLUB DR. #1707	
CITY-ST-ZIP	AVENTURA FL 33180	

TITLE	(P) LLOYD PARKINS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	16570 NE 26 AVE #2A-S	
STREET ADDRESS	N. MIAMI BCH FL 33160	
CITY-ST-ZIP		
TITLE	VP ESTHER WULKAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1200 NE MIAMI GARDENS DR #101A	
STREET ADDRESS	N MIAMI BEACH FL 33160	
CITY-ST-ZIP		
TITLE	T LAURA PARKINS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	16570 N.E. 26 AVE #2A SO.	
STREET ADDRESS	N, MIAMI BCH FL 33160	
CITY-ST-ZIP		
TITLE	TD HERSH ADLERSTEIN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2801 NE 183RD ST #304	
STREET ADDRESS	AVENTURA FL 33160	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, 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.

SIGNATURE:

Lloyd Parkins
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

23 APR 02

305 949-7102

CR2E037 (9/01)