

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90455 005 ***150.00

0020334 AV

DOCUMENT # P00000051368

1. Entity Name

MS MANAGEMENT INTERNATIONAL CORP.

Principal Place of Business

**C/O ROZENWAIG & GRANOFF
ONE S.E. 3RD AVE. STE 960
MIAMI FL 33131**

Mailing Address

**C/O ROZENWAIG & GRANOFF
ONE S.E. 3RD AVE. STE 960
MIAMI FL 33131**

2. Principal Place of Business

19232 Cloister Lake Lane

3. Mailing Address

19232 Cloister Lake Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FLA

City & State

BOCA RATON, FLA

Zip

33498

Country

USA

Zip

33498

Country

USA

4. FEI Number

65-1016991

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROZENCWAIG, LESLIE ALAN
C/O ROZENWAIG & GRANOFF
ONE S.E. 3RD AVE, STE 960
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **LESLIE ALAN ROZENCWAIG, P.A.**
Street Address (P.O. Box Number is Not Acceptable)
1 SE-3RD AVE
STE #960
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

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, 2002 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 **PSD** ☐ Delete
NAME **SHLESINGER, MARIO**
STREET ADDRESS **19232 CLOISTER LAKE LN**
CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE **TD** ☐ Delete
NAME **SHLESINGER, EDITH**
STREET ADDRESS **19232 CLOISTER LAKE LN**
CITY-ST-ZIP **BOCA RATON FL 33498**

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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 #

CR2E034 (9/01)