**FILED** 

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Jan 23, 2001 8:00 am Secretary of State DOCUMENT # P0000079326 1. Entity Name M.W. READERS, INC. 01-23-2001 90085 039 \*\*\*150.00 Principal Place of Business Mailing Address 4576 CRAMBOLA CIR. SOUTH 4576 CRAMBOLA CIR. SOUTH COCONUT CREEK FL 33066 COCONUT CREEK FL 33066 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MANKES, BARRY M ESQ. Street Address (P.O. Box Number is Not Acceptable) 19421 N.E. 18TH PLACE **MIAMI FL 33179** Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change TITLE ☐ Delete TITLE NARKIR, WENDY NAME NAME STREET ADDRESS STREET ADDRESS 4576 CRAMBOLA CIR. SOUTH CITY-ST-ZIP CITY-ST-ZIP **COCONUT CREEK FL 33066** Tengglia, Marilyn Achange Addition 4576 carambola Circle South TITLE □ Delete TITLE NAME TENAGLI, MARILYN NAME STREET ADDRESS STREET ADDRESS 4576 CRAMBOLA CIR. SOUTH CITY-ST-ZIP CITY-ST-ZIP COCONUT CREEK FL 33066 Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.