

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2002 8:00 am
Secretary of State

02-03-2002 90032 040 ***150.00

0054216 AV

DOCUMENT # P01000017412

1. Entity Name
MUSMARK AMERICAN CORP.

Principal Place of Business **Mailing Address**
17011 NORTH BAY ROAD BUILDING 3 SUITE 607 **17011 NORTH BAY ROAD BUILDING 3 SUITE 607**
SUNNY ISLE BEACH FL 33160 **SUNNY ISLE BEACH FL 33160**

3300 NE 191st. **3300 NE 191st**

2. Principal Place of Business **3. Mailing Address**
3300 NE 191st **3300 NE 191st.**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**
#1405 **#1405**

City & State **City & State**
AVENTURA, FL **AVENTURA, FL**

Zip **Country** **Zip** **Country**
33180 **DADE** **33180** **DADE**



DO NOT WRITE IN THIS SPACE

4. FEI Number **Applied For**
65-1075235 **Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

STOLL, JORGE ALBERTO
17011 NORTH BAY ROAD BUILDING 3 SUITE 607
SUNNY ISLE BEACH FL 33160

7. Name and Address of New Registered Agent

Name **Stoll, Jorge Alberto**
Street Address (P.O. Box Number is Not Acceptable)
3300 NE 191st Suite #1405
Ave
City **FL** **Zip Code**
AVENTURA **33180**

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)

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	STOLL, JORGE ALBERTO
STREET ADDRESS	17011 NORTH BAY ROAD BUILDING 3 SUITE 607
CITY-ST-ZIP	SUNNY ISLE BEACH FL 33160
TITLE	D <input type="checkbox"/> Delete
NAME	STOLL, GERMAN DANIEL
STREET ADDRESS	17011 NORTH BAY ROAD BUILDING 3 SUITE 607
CITY-ST-ZIP	SUNNY ISLE BEACH FL 33160
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D. + Pres. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOLL, JORGE ALBERTO
STREET ADDRESS	3300 NE 191st. Suite #1405
CITY-ST-ZIP	AVENTURA, FL, 33180
TITLE	D + vice-Pres <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stoll, German Daniel
STREET ADDRESS	3300 191st. Suite 1405
CITY-ST-ZIP	AVENTURA, FL, 33180
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED** **JORGE A. STOLL** **PRES** **Date** **Daytime Phone #**

CR2E034 (9/01)