

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

04-09-2002 90733 029 \*\*\*150.00

DOCUMENT # **PO1000029857** ✓  
Entity Name **MARKET MAKERS GROUP, Inc.**

**DO NOT WRITE IN THIS SPACE**

2 Principal Place of Business **20033 Ocean Key DR.**  
Suite, Apt. #, etc.  
3 Mailing Address **P.O. Box 970277**  
Suite, Apt. #, etc.

**80061621**

DO NOT WRITE IN THIS SPACE

City & State **BOCA RATON, FL** City & State **BOCA RATON, FL** 4 FEI Number **65-1090149** Applied For  
Not Applicable  
Zip **33498** Country **USA** Zip **33497** Country **USA** 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7 Name and Address of Current Registered Agent  
Name **MICHAEL J. WALSH**  
Street Address (P.O. Box Number is Not Acceptable)  
**20033 Ocean Key DR.**  
City **BOCA RATON** FL Zip Code **33498**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so: ☒ **January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>MICHAEL J. WALSH</b> <b>20033 OCEAN KEY DR.</b> <b>BOCA RATON, FL 33498</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **MICHAEL J. WALSH** 3-29-02 561-483-5434  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)