

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90175 039 ***150.00

DOCUMENT # P02000122360

1. Entity Name
M & L PUBLICATIONS, INC.



Principal Place of Business
**1152 NORTH UNIVERSITY DRIVE
SUITE 201
PEMBROKE PINES FL 33024**

Mailing Address
**1152 NORTH UNIVERSITY DRIVE
SUITE 201
PEMBROKE PINES FL 33024**

2. Principal Place of Business
PO 1499
Suite, Apt. #, etc.

3. Mailing Address
PO 1499
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Boca Raton, FL
Zip
33429-1499 Country
USA

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Boca Raton, FL
Zip
33429-1499 Country
USA

4. FEI Number
02-0666397

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**LOOMAR, L. GREGORY ESQ.
1152 NORTH UNIVERSITY DRIVE
SUITE 201
PEMBROKE PINES FL 33024**

7. Name and Address of New Registered Agent

Name
MILTON WEISS
Street Address (P.O. Box Number is Not Acceptable)
14401 S. MILITARY TRAIL #D-302
DELRAY BEACH FL Zip Code
33484

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Milton Weiss*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/21/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEISS, MILTON 1152 NORTH UNIVERSITY DRIVE SUITE 201 PEMBROKE PINES FL 33024	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Weiss, Milton PO 1499 Boca Raton, FL 33429-1499	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/T Bonnie J. Keeler 5836 Spruce Creek Woods Drive Port Orange, FL 32127	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Maryann Klegmer 1927 South Creek Blvd Port Orange, FL 32128	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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: *Milton Weiss* **NATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/03

Date

954 445-6326

Daytime Phone #

CR2E034 (10/02)