

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90008 049 ***150.00

DOCUMENT # P32933

1. Entity Name

MAYRSOHN INTERNATIONAL, INC.

Principal Place of Business

**1070 S.E. 9TH TERRACE
HIALEAH FL 33010
US**

Mailing Address

**1200 SE 10TH COURT
HIALEAH FL 33010
US**

2. Principal Place of Business

1200 SE 10 CT

3. Mailing Address

Suite, Apt. #, etc.

City & State

HIALEAH FL

City & State

City & State

Zip

33010

Country

USA

Zip

Country

Country

4. FEI Number

13-3150879

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MAYRSOHN, MARK
1070 S.E. 9TH TERRACE
HIALEAH FL 33010**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 **PD** ☐ Delete
NAME **MAYRSOHN, BERNARD**
STREET ADDRESS **1070 SE 9TH TERRACE**
CITY-ST-ZIP **HIALEAH FL**

TITLE **VD** ☐ Delete
NAME **MAYRSOHN, MARK**
STREET ADDRESS **1070 SE 9TH TERRACE**
CITY-ST-ZIP **HIALEAH FL**

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 **1200 SE 10 CT**
CITY-ST-ZIP **HIALEAH FL 33010**

TITLE ☒ Change ☐ Addition
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STREET ADDRESS **1200 SE 10 CT**
CITY-ST-ZIP **HIALEAH FL 33010**

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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 REQUIRED

1/8/02

305 884-6121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)