

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90054 039 ***150.00

DOCUMENT # P93000057155

1. Entity Name

M. & M. WEISSMARK, INC.

Principal Place of Business

Mailing Address

**6907 RED RD
 CORAL GABLES FL 33143
 US**

**6907 RED RD
 CORAL GABLES FL 33143
 US**

2. Principal Place of Business

3. Mailing Address

**Mike & Mira Weissmark
 3370 NE 190 St
 Hickory Bay Apt. 2506
 Aventura, FL 33180**

**2900 N. W. 5th St
 APT 2189**

Suite, Apt. # etc.

APT 2189

City & State

MIAMI FL

Zip

33180

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0432364

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JUDKOWITZ, HARVEY
 14281 S.W. 74 TERRACE
 MIAMI FL 33183**

**JUDKOWITZ
 10220 SW 124 ST
 MIAMI FL 33176**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input type="checkbox"/> Delete
NAME	WEISSMARK, MIRA	
STREET ADDRESS	2900 N. W. 5th St	
CITY-ST-ZIP	MIAMI FL 33180	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WEISSMARK, MIKE	
STREET ADDRESS	2900 N. W. 5th St	
CITY-ST-ZIP	MIAMI FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Attachment

P93000057155

303862

Please change Address:

M & M WEISSMARK, INC

Mira

3370 NE 190 ST

APT 2506

AVENTURA FL 33180

OFFICERS: MIKE WEISSMARK

MIRA

"

Same Address

Registered Agent: JUDKOWITZ HARVEY 10220 SW 124 ST. MIAMI FL 33176