

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000057335

1. Entity Name

MRM DISTRIBUTORS, INC.

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90010 014 ***150.00

Principal Place of Business

6600 NW 14TH STREET
SUITE 5
PLANTATION FL 33313

Mailing Address

6600 NW 14TH STREET
SUITE 5
PLANTATION FL 33313-4561

2. Principal Place of Business

MRM DISTRIBUTORS, INC.

6600 NW 14th St. Suite #10

Plantation, FL 33313

954-792-2407 • Fax 792-2408

3. Mailing Address

MRM DISTRIBUTORS, INC.

6600 NW 14th St. Suite #10

Plantation, FL 33313

954-792-2407 • Fax 792-2408



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0430281

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOLOWICKI, RICHARD J
6600 NW 14TH STREET
SUITE 5
PLANTATION FL 33313

7. Name and Address of New Registered Agent

Name

MICHAEL R. HOLOWICKI

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

6600 NW 14th St.

SUITE #10

City

PLANTATION, FL

FL

Zip Code

33313

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

Michael R. Holowicki

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/2/00

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, 2000 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	D <input type="checkbox"/> Delete
NAME	HOLOWICKI, RICHARD J. SR.
STREET ADDRESS	6600 NW 14TH ST #10
CITY-ST-ZIP	PLANTATION FL 33313
TITLE	D <input type="checkbox"/> Delete
NAME	HOLOWICKI, MICHAEL
STREET ADDRESS	6600 NW 14TH ST #10
CITY-ST-ZIP	PLANTATION FL 33313
TITLE	D <input type="checkbox"/> Delete
NAME	HOLOWICKI, RICHARD J. JR.
STREET ADDRESS	6600 NW 14TH ST #10
CITY-ST-ZIP	PLANTATION FL 33313
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	<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	
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 #

2/2/00 792-2407

CR2E034 (9/99)