

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

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91534 010 \*\*\*150.00

DOCUMENT # P94000022111

1. Entity Name

MMW BROKERS, INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business:

1060 E. COMMERCIAL BLVD

Suite, Apt. #, etc.

3. Mailing Address

1835 N.E. MIAMI GARDENS DR

Suite, Apt. #, etc.

# 245

DO NOT WRITE IN THIS SPACE

City & State

OAKLAND PARK, FL

City & State

NORTH MIAMI BEACH, FL

4. FEI Number

65-0517564

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ACKERMAN, RONNY

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

14000 BISCAYNE BLVD

SUITE 40V

City

N. MIAMI

FL

Zip Code

33181

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) ☐

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 PD  
NAME ACKERMAN, RONNY  
STREET ADDRESS 14000 BISCAYNE BLVD, STE 40V  
CITY-ST-ZIP N. MIAMI, FL 33181

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)