

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

0129403 AV

DOCUMENT # P94000026539

1. Entity Name

M2 ENTERPRISE MANAGEMENT, INC.

04-03-2002 90491 009 ***150.00

Principal Place of Business

**3121 W HALLANDALE BCH BLVD STE 102
 PEMBROKE PARK FL 33009**

Mailing Address

**3121 W HALLANDALE BCH BLVD
 STE 121
 PEMBROKE PARK FL 33009**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3121 W HALLANDALE BCH BLVD

3. Mailing Address

3121 W HALLANDALE BCH BLVD

Suite, Apt. #, etc.

SUITE 101

Suite, Apt. #, etc.

SUITE 101

City & State

PEMBROKE PARK, FL

City & State

PEMBROKE PARK, FL

4. FEI Number

65-0497175

Applied For

Not Applicable

Zip

33009

Country

US

Zip

33009

Country

US

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

JAZAYRI, SAM

**3121 W HALLANDALE BCH BLVD STE 102
 PEMBROKE PARK FL 33009**

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 **DP** ☐ Delete
 NAME **JAZAYRI, SAM**
 STREET ADDRESS **3121 W HALLANDALE BCH BLVD STE 102**
 CITY-ST-ZIP **PEMBROKE PARK FL 33009**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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: SAM JAZAYRI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/02

Date

(954) 981-1154

Daytime Phone #

CR2E034 (9/01)