

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90020 017 ***150.00

DOCUMENT # P94000045008

1. Entity Name
M 56 ENTERPRISES, INC.

Principal Place of Business

Mailing Address

7800 NE 8TH WAY
~~SUITE 320~~
 BOCA RATON FL 33487
 US

7800 NE 8TH WAY
~~SUITE 320~~
 BOCA RATON FL 33487
 US

2. Principal Place of Business

7800 NE 8th Way

3. Mailing Address

7800 NE 8th Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Boca Raton, FL

4. FEI Number

65-0500647

Applied For

Not Applicable

Zip

33487

Country

US

Zip

33487

Country

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DASZKAL, ALEX
 7900 GLADES RD.
 SUITE 320
 BOCA RATON FL 33434

Name

ALEX DASZKAL

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

7800 NE 8th Way

City

Boca Raton

FL

Zip Code

33487

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	DASZKAL, ALEX	
STREET ADDRESS	7900 GLADES RD., SUITE 320	
CITY-ST-ZIP	BOCA RATON FL 33434	

TITLE	President, Alex Daszkal	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7800 NE 8th Way	
CITY-ST-ZIP	Boca Raton, FL 33487	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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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

4/27/01
 Date

954/4289333
 Daytime Phone #

CR2E034 (10/00)