

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90151 017 ***150.00

DOCUMENT # P94000058744

1. Entity Name

MARKUS MUELLER PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

**2120 Lucerne Avenue
Miami Beach, FL 33140****2120 Lucerne Avenue
Miami, FL 33140****00046782**

2. Principal Place of Business

2120 Lucerne Avenue

Suite, Apt. #, etc.

3. Mailing Address

2120 Lucerne Avenue

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami Beach, Florida

City & State

Miami Beach, Florida

4. FEI Number

65-0564189

Applied For

Not Applicable

Zip

33140

Country

U.S.A.

Zip

33140

Country

U.S.A.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

**Oliver J. Lanstadt, Esquire
815 Ponce De Leon Boulevard, PH #1
Coral Gables, Florida 33134**

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, 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	President	<input type="checkbox"/> Delete
NAME	Markus Mueller	
STREET ADDRESS	2120 Lucerne Avenue	
CITY-ST-ZIP	Miami Beach, Florida 33140	

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

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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 another like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Markus Mueller, President

Date:

Day(s): Phone: #

CR2E034 (11/00)

2001 UNIFORM BUSINESS REPORT (UBR)

Attachment
#P94000058744
D0046782

DOCUMENT # P98000045354

1. Entity Name

M.M. PLACES, INC.

Principal Place of Business

Mailing Address

2120 Lucerne Avenue
Miami Beach, FL 33140

2120 Lucerne Avenue
Miami Beach, FL 33140

2. Principal Place of Business

2120 Lucerne Avenue

Suite, Apt. #, etc.

3. Mailing Address

2120 Lucerne Avenue

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami Beach, Florida

City & State

Miami Beach, Florida

4. FEI Number

65-0838931

Applied For

Not Applicable

Zip

33140

Country

U.S.A.

Zip

33140

Country

U.S.A.

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

Oliver J. Langstadt, Esquire
815 Ponce De Leon Boulevard, PH #1
Coral Gables, Florida 33134

Name

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

City

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Zip Code

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Trust Fund Contribution. ☐

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TITLE ☐ Delete
NAME President
STREET ADDRESS Markus Mueller
CITY-ST-ZIP 2120 Lucerne Avenue
Miami Beach, Florida 33140

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

TITLE ☐ Delete
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Markus Mueller, President

Date:

Daytime Phone #

CR2E034 (11/00)