

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State
 02-01-2001 90178 050 ***150.00

DOCUMENT # P95000000276

1. Entity Name

ML APARTMENTS, INC.

Principal Place of Business

**10718 KIRKALDY LANE
 BOCA RATON FL 33498
 US**

Mailing Address

**10718 KIRKALDY LANE
 BOCA RATON FL 33498
 US**

2. Principal Place of Business

3. Mailing Address

4800 NORTH FEDERAL HWY.

Suite, Apt. #, etc.

SANCTUARY CENTRE, STE D-100

City & State

BOCA RATON, FL

Zip

33431

Country

USA

City & State

BOCA RATON, FL

4800 N. FEDERAL HIGHWAY, SUITE D-100

BOCA RATON FL 33431

Zip

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USA

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Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0543058**

Applied For

Not Applicable

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

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	DPT	<input type="checkbox"/> Delete
NAME	LICHTMAN, JONATHAN	
STREET ADDRESS	10718 KIRKMAN LANE	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE	DVPS	<input type="checkbox"/> Delete
NAME	NASS, ROBERT A	
STREET ADDRESS	300 LAURAL RIDGE RD PO BOX 342	
CITY-ST-ZIP	REINHOLDS PA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

**JON LICHTMAN
 PRESIDENT**

Date

Daytime Phone #

1/20/01 (581) 447-0017

CR2E034 (10/00)