

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000023453

1. Entity Name

MIDDLETOWN ASSOCIATES, INC.

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90177 038 \*\*\*150.00

Principal Place of Business

Mailing Address

1002 SW 1 ST  
BOCA RATON FL 33486  
US

1002 SW 1ST ST  
BOCA RATON FL 33486-4538  
US

2. Principal Place of Business

5871 WATERFORD

3. Mailing Address

5871 WATERFORD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON FL

City & State

BOCA RATON FL

Zip

33496

Country

US

Zip

33496

Country

US

4. FEI Number

65-0567620

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

MARTIN LUNIN  
1002 SW 1ST ST  
BOCA RATON FL 33486

Name

MARTIN LUNIN

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

5871 WATERFORD

City

BOCA RATON

FL

Zip Code

33496

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

*Martin Lunin*  
Signature, typed or printed name of registered agent and title if applicable.

MARTIN LUNIN

(NOTE: Registered Agent signature required when reinstating)

3-19-00

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	LUNIN, MARTIN	
STREET ADDRESS	1002 SW 1ST ST	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	SPT	<input type="checkbox"/> Delete
NAME	MARTIN LUNIN	
STREET ADDRESS	1002 SW 1ST ST	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN LUNIN, MARTIN	
STREET ADDRESS	5871 WATERFORD	
CITY-ST-ZIP	BOCA RATON, FL. 33496	
TITLE	SPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN LUNIN	
STREET ADDRESS	5871 WATERFORD	
CITY-ST-ZIP	BOCA RATON, FL. 33496	
TITLE	SECY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIRIAM M. COOPER	
STREET ADDRESS	5871 WATERFORD	
CITY-ST-ZIP	BOCA RATON, FL. 33496	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

*Martin Lunin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-00

Date

(254) 571-9988

Daytime Phone #

CR2E034 (9/99)