

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90131 049 ***150.00

DOCUMENT # P95000052320

1. Entity Name
M.M.Z., INC.

Principal Place of Business
2127 S.W. 27TH TERRACE
FORT LAUDERDALE FL 33312
US

Mailing Address
2127 S.W. 27TH TERRACE
FORT LAUDERDALE FL 33312
US

2. Principal Place of Business
1 EAST BROWARD BLVD
 Suite, Apt. #, etc. **SUITE**
700

3. Mailing Address
PO BOX 14186
 Suite, Apt. #, etc.

City & State
FORT LAUDERDALE, FL
 Zip **33301** Country **USA**

City & State
FT LAUDERDALE, FL
 Zip **33302** Country **USA**

4. FEI Number **65-0603366**

Applied For
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ZBAR, MARCUS
2127 S.W. 27TH TERRACE
FORT LAUDERDALE FL 33312

7. Name and Address of New Registered Agent

Name **ZBAR, MARCUS** (THE SAME REGISTERED AGENT)
 Street Address (P.O. Box Number is Not Acceptable) (ADDRESS CHANGE)
1 EAST BROWARD BLVD
SUITE 700
 City **FORT LAUDERDALE** FL Zip Code **33301**

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 **ZBAR, MARCUS J. (DPS)**
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/29/2002
 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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	DPS	<input checked="" type="checkbox"/> Delete
NAME	ZBAR, MARCUS	
STREET ADDRESS	2127 S.W. 27TH TERRACE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ZBAR, MURIEL	
STREET ADDRESS	2127 S.W. 27TH TERRACE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
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	DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZBAR, MARCUS	
STREET ADDRESS	P.O. BOX 14186	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33302	
TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZBAR, MURIEL	
STREET ADDRESS	P.O. BOX 14186	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33302	
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: **Marcus J. Zbar**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/02
 Date

Daytime Phone #

CR2E034 (9/01)