

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90413 021 ***150.00

DOCUMENT # P96000053770

1. Entity Name

MIDPORT LAND GROUP, INC.

Principal Place of Business

6710 MAIN ST
SUITE 233
MIAMI LAKES FL 33014
US

Mailing Address

6710 MAIN ST
SUITE 233
MIAMI LAKES FL 33014
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0681821**

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	D	<input type="checkbox"/> Delete
NAME	MACNAIR, CHRIS J	
STREET ADDRESS	7237 S.W. 53RD AVENUE	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	P	<input type="checkbox"/> Delete
NAME	FERTIG, JAY	
STREET ADDRESS	2661 EDGEWATER DR	
CITY-ST-ZIP	WESTON FL 33332	
TITLE	VS	<input type="checkbox"/> Delete
NAME	KUPPERMAN, SCOTT A.	
STREET ADDRESS	210 SEAVIEW DR, #511	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	V	<input type="checkbox"/> Delete
NAME	DALFO, CHRISTOPHER	
STREET ADDRESS	3500 THISTLEWOOD LANE	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mac Nair, Christopher J.	
STREET ADDRESS	6710 Main St., Suite 233	
CITY-ST-ZIP	Miami Lakes, FL 33014	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fertig, Jay C	
STREET ADDRESS	6710 Main St., Suite 233	
CITY-ST-ZIP	Miami Lakes, FL 33014	
TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kupperman, Scott A	
STREET ADDRESS	728 Bay Road	
CITY-ST-ZIP	Winnetka, IL 60093	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)