

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90035 046 ***150.00

DOCUMENT # **P96000055472**

1. Entity Name

MAYER DEVELOPMENT GROUP, INC.

DO NOT WRITE IN THIS SPACE

851205

2. Principal Place of Business

4590 N. MICHIGAN AVE.

3. Mailing Address

4590 N. MICHIGAN AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI BEACH, FLORIDA

City & State

MIAMI BEACH, FLORIDA

4. FEI Number

65-0742814

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

7. Name and Address of Current Registered Agent

Name

EMANUEL MAYER

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

4590 N. MICHIGAN AVE.

City

MIAMI BEACH

FL

Zip Code

33140

**DO NOT WRITE
IN THIS SPACE**

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

EMANUEL MAYER

PRESIDENT

4/30/02

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)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
EMANUEL MAYER
4590 N. MICHIGAN AVE.
MIAMI BEACH, FL 33140**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
HASKEL MAYER
4590 N. MICHIGAN AVE.
MIAMI BEACH, FL 33140**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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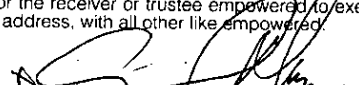
TITLE
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IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

EMANUEL MAYER, PRESIDENT 4/29/02 (303) 613-8077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone