

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90356 043 ***150.00

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DOCUMENT # P96000055472

1. Entity Name
MAYER DEVELOPMENT GROUP, INC.



Principal Place of Business
**4590 N MICHIGAN AVE
MIAMI BEACH FL 33140
US**

Mailing Address
**4590 N MICHIGAN AVE
MIAMI BEACH FL 33140
US**

2. Principal Place of Business
925 41st. STREET

Suite, Apt. #, etc.

SUITE 103

City & State

MIAMI BEACH, FLORIDA

Zip

33140

Country

U.S.A.

3. Mailing Address

925 41st. STREET

Suite, Apt. #, etc.

SUITE 103

City & State

MIAMI BEACH, FLORIDA

Zip

33140

Country

U.S.A.



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0742814**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MAYER, EMANUEL
4590 N MICHIGAN AVE
MIAMI BEACH FL 33140**

7. Name and Address of New Registered Agent

Name

EMANUEL MAYER

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

925 41st. STREET

SUITE 103

City

MIAMI BEACH

FL

Zip Code

33140

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Emanuel Mayer
Signature, typed or printed name of registered agent and title if applicable.

PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

4/30/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **925 41st. Street, Suite 103**
STREET ADDRESS **MIAMI BEACH, FLORIDA** **33140**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **925 41st. STREET, SUITE 103**
STREET ADDRESS **MIAMI BEACH, FLORIDA** **33140**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Emanuel Mayer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EMANUEL MAYER, PRESIDENT

4/30/03

(305) 538-2075
Daytime Phone #

CR2E034 (10/02)