## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 02, 2002 8:00 am Secretary of State DOCUMENT # P97000014048 1. Entity Name 05-02-2002 90104 025 \*\*\*158.75 MAIN STREET MANAGEMENT SERVICES, INC. Principal Place of Business Mailing Address 18679 SE FEDERAL HWY. 18679 SE FEDERAL HWY. TEQUESTA FL 33469 TEQUESTA FL 33469 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0705275 Not Applicable Zip Country Country \$8.75 Additional. 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RUBENFELD, DAREN E Street Address (P.O. Box Number is Not Acceptable) 18679 SE FEDERAL HWY. **TEQUESTA FL 33469** City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MILLER. ROBERT NAME STREET ADDRESS 18679 SE FEDERAL HWY. STREET ADDRESS CITY-ST-ZIP **TEQUESTA FL 33469** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME RUBENFELD, DAREN NAME STREET ADDRESS 18679 SE FEDERAL HWY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TEQUESTA FL 33469** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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 empower

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

URE RUM OR PRINTED NAME OF

FILED

CR2E034 (9/01)