

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90052 042 \*\*\*150.00

**DOCUMENT # P97000041542**

1. Entity Name  
**MKARTZMARK@MIAMI INC.**

Principal Place of Business      Mailing Address  
 9935 N.W. 46ST      9935 N.W. 46ST  
 APARTMENT 301      APARTMENT 301  
 MIAMI FL 33178      MIAMI FL 33178-3303  
 US      US

**905209**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**11565 NW 51ST LN**      **11565 NW 51ST LN**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State      4. FEI Number      Applied For  
**MIAMI FL**      **MIAMI FL**      **65-0751190**      Not Applicable

Zip      Country      Zip      Country      5. Certificate of Status Desired      \$8.75 Additional Fee Required  
**33178**      ~~DADE~~ USA      **33178**      ~~DA~~ USA            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent  
**KARTZMARK, MARTIN J**  
**9935 N.W. 46ST**  
**APARTMENT 301**  
**MIAMI FL 33178**  
 Name      **KARTZMARK, MARTIN J**  
 Street Address (P.O. Box Number is Not Acceptable)  
**11565 NW 51ST LN**  
 City      **MIAMI**      FL      Zip Code      **33178**

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      **MARTIN J KARTZMARK**      *[Signature]*      **1/12/2000**  
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, 2000 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                      | <b>P</b> <input type="checkbox"/> Delete             | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>KARTZMARK, MARTIN</b>                             | NAME  |   |
| STREET ADDRESS             | <b>9935 NW 46 ST APT 301</b> <b>11565 NW 51ST LN</b> | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>MIAMI FL 33178</b> <b>MIAMI FL 33178</b>          | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete                      | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete                      | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete                      | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete                      | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |  | 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]*      **1/12/2000**      **305 724-7833**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)