

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000058022

1. Entity Name

MSR & COMPANY, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90184 010 ***150.00

Principal Place of Business

Mailing Address

9059 B S.W. 133RD COURT
MIAMI FL 33186

9059 B S.W. 133RD COURT
MIAMI FL 33186-1624

2. Principal Place of Business

7495 S.W. 109 AVE

3. Mailing Address

7495 S.W. 109 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0784458

Applied For

Not Applicable

Zip

33173

Country

U.S.A.

Zip

33173

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSENBERG, MELVIN S
11762 S.W. 88TH STREET
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name

MELVIN S. ROSENBERG

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

7495 S.W. 109 AVE

City

MIAMI

FL

Zip Code

33173

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 of registered agent or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3-27-00

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

TITLE ☐ Delete
NAME D
STREET ADDRESS ROSENBERG, MELVIN S
CITY-ST-ZIP 9059 B S.W. 133RD COURT
MIAMI FL 33186

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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

8-27-00

Date

305-215-4463

Daytime Phone #

CR2E034 (9/99)