

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000066404

1. Entity Name  
M.M. PLASKOVE, INC.

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90337 037 \*\*\*150.00

Principal Place of Business

Mailing Address

~~4420 BEACON CIRCLE SUITE 100~~  
WEST PALM BEACH FL 33407

~~4420 BEACON CIRCLE SUITE 100~~  
WEST PALM BEACH FL 33407

2. Principal Place of Business

7772 La Mirada Dr.

Suite, Apt. #, etc.

3. Mailing Address

7772 La Mirada Dr

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Boca Raton, FL

4. FEI Number 65-0778408

Applied For

Not Applicable

Zip 33433

Country USA

Zip 33433

Country USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KELLEY, CRAIG I ESQ

~~4420 BEACON CIRCLE SUITE 100~~  
WEST PALM BEACH FL 33407

Name

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

6845 Big Cypress Dr.

City

Jupiter

FL

Zip Code

33458

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

Craig I. Kelley, V.R.A.

2/26/01

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, 2001 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 PD  
NAME PLASKOVE, MINNIE  
STREET ADDRESS 5233A LAKE CATALINA DRIVE  
CITY-ST-ZIP BOCA RATON FL 33496 ☒ Delete

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

TITLE VPD  
NAME KELLEY, CRAIG I  
STREET ADDRESS 4420 BEACON CIRCLE SUITE 100  
CITY-ST-ZIP WEST PALM BEACH FL 33407 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE PD  
NAME Barb Kelley  
STREET ADDRESS 7772 La Mirada Drive  
CITY-ST-ZIP Boca Raton, FL 33433 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE VPD  
NAME JOYCE CURRY  
STREET ADDRESS 1150 SECRET LAKE LOOP  
CITY-ST-ZIP Lincoln, CA 95648 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

Barb Kelley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/01/01

Date

561-394-9839

Daytime Phone #

CR2E034 (10/00)