

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000020487

1. Entity Name
THE MUCKER COMPANY, INC.

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90110 001 ***150.00

Principal Place of Business
3301 PONCE DE LEON BLVD, SUITE #200
CORAL GABLES FL 33134

Mailing Address
3301 PONCE DE LEON BLVD, SUITE #200
CORAL GABLES FL 33134

723549



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2701 S. BAYSHORE DR.
Suite, Apt. #, etc.
Suite 402
City & State
COCONUT GROVE, FL.
Zip
33133

3. Mailing Address
2701 S. BAYSHORE DR.
Suite, Apt. #, etc.
Suite 402
City & State
COCONUT GROVE, FL.
Zip
33133

4. FEI Number **NOT APPLICABLE** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SANDLER, SCOTT M
3301 PONCE DE LEON BLVD, SUITE #200
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name **Scott M Sandler**
Street Address (P.O. Box Number is Not Acceptable)
2701 S. BAYSHORE DR. #402
City **COCONUT GROVE** FL Zip Code **33133**

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 **Scott M. Sandler** **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

TITLE **PVST** ☐ Delete
NAME **SANDLER, SCOTT M**
STREET ADDRESS **3301 PONCE DE LEON BLVD, SUITE #200**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **D** ☐ Delete
NAME **SANDLER, SCOTT M**
STREET ADDRESS **3301 PONCE DE LEON BLVD SUE #200**
CITY-ST-ZIP **CORAL GABLES FL 33134**

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 **PVST** ☒ Change ☐ Addition
NAME **SANDLER, SCOTT M**
STREET ADDRESS **2701 S. BAYSHORE DR. #402**
CITY-ST-ZIP **COCONUT GROVE, FL. 33133**

TITLE **D** ☒ Change ☐ Addition
NAME **SANDLER, SCOTT M**
STREET ADDRESS **2701 S. BAYSHORE DR. #402**
CITY-ST-ZIP **COCONUT GROVE, FL. 33133**

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

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

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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 **Scott M. Sandler** **305-858-1622**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)