

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 09, 2003 8:00 am**  
**Secretary of State**

05-09-2003 90147 028 \*\*\*150.00

DOCUMENT # 998000041015

1. Entity Name

M-LUV SALES, INC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

8468 Siciliano St

3. Mailing Address

8468 Siciliano St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BOYNTON BEACH FL

Zip

33437

Country

Zip

33437

Country

4. FEI Number

650841740

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Wayne Bickoff

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

8468 Siciliano St

City

BOYNTON BEACH

FL

Zip Code

33437

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Wayne Bickoff

4/29/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

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**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PRESIDENT  
NAME: WAYNE BICKOFF  
STREET ADDRESS: 8468 Siciliano St  
CITY-ST-ZIP: BOYNTON BEACH FL 33437

TITLE: VICE PRESIDENT  
NAME: SHARON BICKOFF  
STREET ADDRESS: 8468 Siciliano St  
CITY-ST-ZIP: BOYNTON BEACH FL 33437

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**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Wayne Bickoff

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03 561-634-1000

Date

Daytime Phone #

CR2E034B (12/02)