## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** 

P98000045362 1. Entity Name



FILED
Apr 14, 2003 8:00 am
Apr 14, 2003 8:00 am Secretary of State
04-14-2003 90348 022 ***150.00

Suite, Apt. #, etc.   Suite, Apt. #, etc.   CHECK HERE IF MAKING CHANGES  City & State   City & State   City & State   Country   S. Certificate of Status Desired   S8.75 Additional Section   S8.75 Additional Se	11500 MV 95 DR 11500 MV 95 DR 11500 MV 95 DR SUITE 110 CORAL SPRINGS FL 33076  2. Principal Place of Business	MMK, INC	).					0111200550.	3 10 022	150.	
Suite, Apt. #, etc.   Suite, Apt. #, etc.   CHECK HERE IF MAKING CHANGES  City & State   City & State   City & State   Country   S. Certificate of Status Desired   S8.75 Additional Section   S8.75 Additional Se	Suite, Apt. #, etc.   CHECK HERE IF MAKING CHANGES  City & State	11560 NW 56 SUITE 110	DR.	11560 NW 56 DR. Suite 110							
City & State  Country  Country  Country  S. Cartificate of Status Desired  \$8.75 Addition Fee Required  6. Name and Address of Current Registered Agent  Name  KOSTER, MICHAEL  11560 NW 56 DR.  SUITE 110  CORAL SPRINGS FL 33076  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, ar the obligations of registered agent and the if applicable.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE  SITRET ADDRESS  TITLE  NAME  KOSTNER, MICHAEL  11560 NW 56 DR. #110  CORAL SPRINGS FL 33076  CITY-ST-ZIP  CORAL SPRINGS FL 34000  CORAL SPRINGS FL 34000  CORAL SPR	City & State  Country  City & State  City &	2. Principal F	Place of Business	3. Mailing Address			-{				
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Addit Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name  KOSTER, MICHAEL 11560 NW 56 DR. SUITE 110  CORAL SPRINGS FL 33076  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 the obligations of registered agent.  SIGNATURE  Signature, typed or primed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  ITILE NAME STREET ADDRESS  CITY- ST-ZIP  TITLE NAME KOSTNER, MICHAEL 11560 NW 56 DR. #110  Delete NAME STREET ADDRESS STREET ADDRESS  STREET ADDRESS STREET AD	Zip Country Zip Country 5. Certificate of Status Desired Sec. 75 Additional Fee Required -  S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Fee Required -  KOSTER, MICHAEL 11560 NW 56 DR 1 347275  SUITE 110  CORAL SPRINGS FL 33076  8. The above named ontity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  TITLE  NOME  SITERI ADDRESS TO CORAL SPRINGS FL 33076  TITLE  VITD  ONLY ST-2P  ONLY ST-2P  TITLE  OPade  TITLE  OPade  TITLE  OPade  TITLE  ONLY ST-2P  TITLE  OPAGES  OTY-ST-2P  TITLE  OTHER  OTHE	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
6. Name and Address of Current Registered Agent  KOSTER, MICHAEL  11560 NW 56 DR.  SUITE 110  CORAL SPRINGS FL 33076  City  FL  Zip Code  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, are the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.  OFFICERS AND DIRECTORS  ITILE  NAME  KOSTNER, MICHAEL  11560 NW 56 DR. #110  CORAL SPRINGS FL 33076  TITLE  NAME  KOSTNER, MICHAEL  STREET ADDRESS  11560 NW 56 DR. #110  CORAL \$71.00 Delete  NAME  STREET ADDRESS  S	S. Certificate of Status Desired Desired Desired	City & Stat	е	City & State			4. FEI Number	65-0851228			plied For t Applicable
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OPSIGNING OFFICER OR DIRECTOR