

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000053491

1. Entity Name  
M/M FI DEVELOPMENT, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 APR -10 PM 4:00

Principal Place of Business

1 FISHER ISLANDO DRIVE  
MIAMI FL 33109-0001

Mailing Address

1 FISHER ISLANDO DRIVE  
MIAMI FL 33109-0001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

58-2405173

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.  
ONE SE 3RD AVENUE 28TH FLOOR  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

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

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.

SIGNATURE

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, 2002 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 CS ☐ Delete  
NAME MELK, JOHN  
STREET ADDRESS 1 FISHER ISLAND DR  
CITY-ST-ZIP MIAMI FL 33109-0001

TITLE PT ☐ Delete  
NAME MCLEAN, DANIEL E  
STREET ADDRESS 1 FISHER ISLAND DR  
CITY-ST-ZIP MIAMI FL 33109-0001

TITLE VP ☐ Delete  
NAME WALSH, MARILYN  
STREET ADDRESS 1 FISHER ISLAND DE  
CITY-ST-ZIP MIAMI FL 33109-0001

TITLE AS ☐ Delete  
NAME GROSSBERG, DAVID  
STREET ADDRESS 1 FISHER ISLAND DE  
CITY-ST-ZIP MIAMI FL 33109-0001

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  
NAME 700005205397  
STREET ADDRESS -04/08/02--01029--027  
CITY-ST-ZIP \*\*\*\*\*411.25 \*\*\*\*\*150.00

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

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

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  
ALAN PARKS

Date

4/1/02

Daytime Phone #

305-505-6074

CR2E034 (9/01)