

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90007 039 ***550.00

DOCUMENT # P98000059182

1. Entity Name
MAIN FLOOR, INC.

Principal Place of Business
530 LINCOLN RD. STE 200
MIAMI BEACH FL 33139
US

Mailing Address
530 LINCOLN RD. STE 200
MIAMI BEACH FL 33139
US

2. Principal Place of Business
11340 W. Olympic Blvd.
 Suite, Apt. #, etc.
SUITE 265

3. Mailing Address
9497 S. DIXIE HIGHWAY
 Suite, Apt. #, etc.
550

City & State
LOS ANGELES, CA
 Zip
90064

City & State
MIAMI, FL
 Zip
FL 33156

Country
33156 DAE

4. FEI Number
65-0847996

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

WALLENSTEIN, LARRY
530 LINCOLN ROAD
SUITE 200
MIAMI BEACH FL 33137

7. Name and Address of New Registered Agent

Name
SAMUEL R. YOUNG, Esq.
 Street Address (P.O. Box Number is Not Acceptable)
1001 BRICKELL BAY DRIVE
 Suite 1710
 City
MIAMI, FL Zip Code
33131

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  **SR Young, Esq.** DATE **9.5.01**

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	D	<input type="checkbox"/> Delete
NAME	YOUNG, MICHAEL	
STREET ADDRESS	530 LINCOLN ROAD, SUITE 200	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	11340 W. OLYMPIC BLVD
CITY-ST-ZIP	LA, CA 90024
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **Michael Young**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **9/10/01** Daytime Phone # **(305) 312 1005**

CR2E034 (5/01)