

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000015405

1. Entity Name

MULLER APPLIANCE SERVICE, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90100 025 ***158.75

Principal Place of Business

2116 NORTH UNIVERSITY DRIVE
SUNRISE FL 33322

Mailing Address

2116 NORTH UNIVERSITY DRIVE
SUNRISE FL 33322-3939

2. Principal Place of Business

3. Mailing Address

11110 HERON BAY BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT 316

City & State

CORAL SPRINGS, FL

4. FEI Number

65-0902746

Applied For

Not Applicable

Zip

Country

Zip

Country

33076

U.S

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

JILL FISHGOLD

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

11110 HERON BAY BLVD.

APT 316

City

CORAL SPRINGS

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Jill Fishgold

JILL FISHGOLD T/D

4/28/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
FISHGOLD, LEONARD J
2116 NORTH UNIVERSITY DRIVE
SUNRISE FL 33322 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
FISHGOLD, JILL R
2116 NORTH UNIVERSITY DRIVE
SUNRISE FL 33322 ☐ Delete

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

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☐ Delete

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #

Jill Fishgold

JILL FISHGOLD T/D

4/28/00

(954)

749-5460

CR2E034 (9/99)