

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90053 046 ***155.00

DOCUMENT # P99000018091

1. Entity Name
THE MATERIALMAN GROUP CORP.

Principal Place of Business
1051 COLLINS AVE
MIAMI FL 33139

Mailing Address
P.O. BOX 546882
SURFSIDE FL 33154



2. Principal Place of Business
9016 Collins ave
 Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX
546882
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Surfside Florida

City & State
Surfside FLA

4. FEI Number
65-0900345

Applied For
 Not Applicable

Zip
33154

Country
FLOR

Zip
33154

Country
USA

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

6. Name and Address of Current Registered Agent

KOTOK, BRENDATH
9016 COLLINS AVE
SURFSIDE FL 33154

7. Name and Address of New Registered Agent

Name **KOTOK Brendath (same)**
 Street Address (P.O. Box Number is Not Acceptable) **P.O. Box 546882 *Mailing Address**
SURFSIDE FL 33154
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KOTOK, BRENDATH 9016 COLLINS AVE SURFSIDE FL 33154 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A KOTOK, GABRIEL 9016 COLLINS AVE SURFSIDE FL 33154 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowers.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/18/02** (786) 2296095
 Daytime Phone #

CR2E034 (9/01)