

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000030007

1. Entity Name
M. PROPERTIES, INC.

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90051 046 ***150.00

Principal Place of Business

**700 N.E. 90TH STREET
MIAMI FL 33138-3206**

Mailing Address

**700 N.E. 90TH STREET
MIAMI FL 33138-3206**

2. Principal Place of Business

333 NE 23d ST

Suite, Apt. #, etc.
Miami, FL

City & State

Zip **33137** Country **USA**

3. Mailing Address

333 NE 23d St.

Suite, Apt. #, etc.
Miami, FL

City & State

Zip **33137** Country **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0920571**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MOORE, GERALD W
700 N.E. 90TH STREET
MIAMI FL 33138-3206**

7. Name and Address of New Registered Agent

Name **GERALD W MOORE**

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

333 NE 23d St

City **Miami** FL **33137**

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 **Gerald W Moore**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

15 JAN 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 \$150.00
After MAY 1, 2001 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	D	<input type="checkbox"/> Delete
NAME	MOORE, GERALD W	
STREET ADDRESS	700 N.E. 90TH STREET	
CITY-ST-ZIP	MIAMI FL 33138-3206	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, GERALD W	
STREET ADDRESS	700 N.E. 90TH STREET 333 NE 23d St	
CITY-ST-ZIP	Miami, FL 33137	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Gerald W Moore, Director 15 JAN 01 305.576-2122

CR2E034 (10/00)