

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000085040

1. Entity Name  
M SIGNS INC.

**FILED**  
**Aug 15, 2000 8:00 am**  
**Secretary of State**

08-15-2000 90005 009 \*\*\*150.00

Principal Place of Business  
704 BUNKER RD  
WEST PALM BEACH FL 33405

Mailing Address  
704 BUNKER RD  
WEST PALM BEACH FL 33405

2. Principal Place of Business  
SAME AS ABOVE

3. Mailing Address  
SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

GONZALEZ, MISAE  
704 BUNKER RD  
WEST PALM BEACH FL 33405

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. 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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *P/S/T*  
NAME *MISAE GONZALEZ*  
STREET ADDRESS *708 BUNKER RD.*  
CITY-ST-ZIP *WEST PALM BEACH, FL. 33405*

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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NAME  
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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)(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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**\*\* FIRST NOTICE NEVER RECEIVED \*\***

CR2E034 (5/00)

attachment  
DOC#: P99000085040  
DW78880

081400

August 8, 2000

Division of Corporation  
Uniform Business Report  
P O Box 1500  
Tallahassee, FL 32302-1500

M Signs  
704 Bunker Road  
West Palm Beach, FL 33405

To Whom It May Concern:

This letter is to notify the Division of Corporation that the first notice was not received.

Thank You,

  
Mike Gonzalez

WING C. J. JAMES

WING C. J. JAMES