

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000102449

1. Entity Name:

M & A HOLDINGS, INC.

Principal Place of Business

Mailing Address

5400 NW 21ST TERME SAME
FORT LAUDERDALE, FL 33309

2. Principal Place of Business

5400 NW 21ST TERME

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE FL

City & State

Zip

33309

Country

USA

Zip

Country

4. FEI Number

65-0966363

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOLDSTEIN, MARK B
2700 N MILITARY TRAIL
SUITE 2200
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

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 \$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	SARZO, MATTHEW	
STREET ADDRESS	5400 NW 21ST TERME	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDSTEIN MARK B	
STREET ADDRESS	5400 NW 21ST TERME	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDREW CAONETTA, ANDREW RTR	
STREET ADDRESS	5400 NW 21ST TERME	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	← ADDRESS CHANGE	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	← ADDRESS CHANGE	
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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report or 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

4/20/2001

Date

954.772-1122

Daytime Phone #

CR2E034 (11/00)

6/1/01