CR2E034 (9/01)

## 2002 Uniform Business Report (UBR)

## Apr 02, 2002 8:00 am Secretary of State 411548 DOCUMENT # 1. Entity Name 04-02-2002 90921 049 \*\*\*158.75 M.B.R. INDUSTRIES, INC. Principal Place of Business Mailing Address 3201 NW 116TH STREET 3201 NW 116TH STREET MIAMI FL 33167 MIAMI FL 33167 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1429826 Not Applicable Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name POMERANC, BERNARD Street Address (P.O. Box Number is Not Acceptable) 3201 N.W. 116TH STREET **MIAMI FL 33167** Zip Code City 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 FILE NOW!!! FEE.IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. X Addition ☐ Change ☐ Delete VPD TITLE POMERANC, PATRICIA NAME MANNY POMERANC 3201 NW 116TH ST STREET ADDRESS 3201 N.W. 116 STREET MIAMI, FL. 33167-2917 STREET ADDRESS MIAMI FL 33167 CITY-ST-ZIP CITY-ST-ZIP VPD ☐ Delete Change X Addition TITLE BRIAN POMERANC NAME POMERANC, BERNARD D. NAME 3201 N.W. 116 STREET 3201 NW 116TH ST STREET ADDRESS STREET ADDRESS MIAMI, FL. 33167-2917 **MIAMI FL 33167** CITY-ST-ZIP CITY-ST-ZIP VPD - Change X Addition TITLE Delete TITLE REUBEN POMERANC NAME NAME 3201 N.W. 116 STREET MIAMI, FL. 33167-2917 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CFO ☐ Change X Addition TITLE ☐ Delete TITLE JOHN DE LA TORRE NAME 3201 N.W. 116 STREET STREET ADDRESS STREET ADDRESS 33167-2917 CITY-ST-ZIP MIAMI, FL. CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

305-269-1000