

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90182 013 \*\*\*150.00

**DOCUMENT # P98000028146**

**1. Entity Name**  
**M F N, INC.**

**Principal Place of Business**

**Mailing Address**

5735 HAYES ST  
 HOLLYWOOD FL 33021

P.O. BOX 816029  
 HOLLYWOOD FL 33081-0029  
 US

00020588



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
**221 S. DIXIE HIGHWAY**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
**SAME AS PLACE OF BUSINESS**  
 Suite, Apt. #, etc.

**City & State**  
**POMPANO BEACH, FL**

**City & State**

**4. FEI Number**  
**65-0823042**

**Applied For**  
 Not Applicable

**Zip**  
**33025**

**Country**  
**BROWARD**

**Zip**

**Country**

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**SACCO, FRANK**  
**5735 HAYES ST**  
**HOLLYWOOD FL N3021**

**Name**  
**FRANK SACCO**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**221 SOUTH DIXIE HIGHWAY**  
**City** **POMPANO BEACH,** **FL** **Zip Code** **33025**

**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**

**DATE** **2-4-00**

**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, 2000 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	D	<input type="checkbox"/> Delete
NAME	SACCO, FRANK	
STREET ADDRESS	5735 HAYES ST	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	D	<input type="checkbox"/> Delete
NAME	NASSER, NASHAT	
STREET ADDRESS	9511 SW 7TH ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SACCO, FRANK	
STREET ADDRESS	221 S DIXIE HIGHWAY	
CITY-ST-ZIP	POMPANO BEACH, FL 33025	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NASSER, NASH	
STREET ADDRESS	221 S DIXIE HIGHWAY	
CITY-ST-ZIP	POMPANO BEACH, FL 33025	
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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date** **2-4-00** **Daytime Phone #**

C-32E034 (9/99)