

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000052936

1. Entity Name
M.F.A. CORPORATION

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90109 016 ***150.00

Principal Place of Business

1225 HARRISON STREET
HOLLYWOOD FL 33019

Mailing Address

1225 HARRISON STREET
HOLLYWOOD FL 33019

2. Principal Place of Business

1749 E. HALLANDALE BCH BLVD
Suite, Apt. #, etc.
183

3. Mailing Address

1749 E. HALLANDALE BCH BLVD
Suite, Apt. #, etc.
183

City & State
HALLANDALE, FL

Zip
33009-

Country
USA

City & State
HALLANDALE, FL

Zip
33009

Country
USA

4. FEI Number

65-1018206

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & LITRERA P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name
Annette Mihalstein
Street Address (P.O. Box Number is Not Acceptable)
1225 HARRISON ST
City
Hollywood, FL Zip Code
33019

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

(NOTE: Registered Agent signature required when reinstating)

4-10-01
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MIHLSTIN, MICHAEL G
1225 HARRISON STREET
HOLLYWOOD FL 33019 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
MIHLSTIN, FRANKLIN D
1225 HARRISON STREET
HOLLYWOOD FL 33019 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSTD
MIHLSTIN, ANNETTE
1225 HARRISON STREET
HOLLYWOOD FL 33019 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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NAME
STREET ADDRESS
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: *Annette Mihalstein*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-01 19541923-4365
Date Daytime Phone #

CR2E034 (10/00)