

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State
 03-20-2000 90110 048 ***150.00

DOCUMENT # 402842

1. Entity Name

YALE MOSK & CO.

Principal Place of Business

9500 S. DADELAND BLVD.
 SUITE 606
 MIAMI FL 33156
 US

Mailing Address

9500 S. DADELAND BLVD.
 SUITE 606
 MIAMI FL 33156-2848
 US

2. Principal Place of Business

12397 Belcher Rd.

Suite, Apt. #, etc.

270

City & State

Largo, FL

Zip

33773

Country

USA

3. Mailing Address

10875 S.W. 69 CT.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33156

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1412927

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MOSK, YALE
10875 SW 69 COURT
MIAMI FL 33156

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

3-13-00

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so. ☐

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOSK, YALE 10875 SW 69 COURT MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MOSK, SHARON 10875 SW 69 COURT MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVD MOSK, MATTHEW 10875 S.W. 69 CT. MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVD MOSK, LAURI 10875 S.W. 69 CT. MIAMI FL	☐ 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-00

Date

305/667-6408

Daytime Phone #

CR2E034 (9/99)