## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **F98000004757** Apr 10, 2000 8:00 am Secretary of State 1. Entity Name MOGOL OFFICE EQUIPMENT COMPANY, INC. 04-10-2000 90036 045 \*\*\*150.00 Mailing Address Principal Place of Business 8501 LEGEND CLUB DRIVE 8501 LEGEND CLUB DRIVE WEST PALM BEACH FL 33412-1534 WEST PALM: BEACH FL 33412 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 52-0998169 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MOGOL, BARRY Street Address (P.O. Box Number is Not Acceptable) 8501 LEGEND CLUB DRIVE WEST PALM BEACH FL 33412 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Change TITLE X Delete TITLE MOGOL, JESSE NAME 4381 TREVI COURT, APT. 204 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33467 PVTSDC X Change ☐ Addition VTSD ☐ Delete TITLE TITLE Mogol , BATTY 8501 Legend Club Drive MOGOL, BARRY NAME NAME STREET ADDRESS STREET ADDRESS 8501 LEGEND CLUB DRIVE CITY-ST-7IP West Palm Beach, FL 33412 CITY-ST-ZIP WEST PALM BEACH FL 33412 ☐ Change Addition ☐ Delete TITLE TITLE MOGOL, LINDA NAME NAME 8501 LEGEND CLUB DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33412 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 TOPE OR PRINTED NAME OF GRINNG OFFICER OR DIRECTOR

4-1-2000

Daytime Phone #

CR2E034 (9/9)