

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006021

1. Entity Name

MCTOOBE MANAGEMENT, INC.

**FILED**  
**Feb 05, 2000 8:00 am**  
**Secretary of State**

02-05-2000 90018 006 \*\*\*150.00

Principal Place of Business

16375 NE 18TH AVENUE  
STE 305  
N MIAMI BEACH FL 33162

Mailing Address

16375 NE 18TH AVENUE  
STE 305  
N MIAMI BEACH FL 33162-4760

2. Principal Place of Business

150 NW 168th St.

Suite, Apt. #, etc.

330

3. Mailing Address

150 NW 168th St.

Suite, Apt. #, etc.

330



DO NOT WRITE IN THIS SPACE

City & State

NORTH MIAMI BEACH, FL

City & State

N. MIAMI BEACH, FL

4. FEI Number 22-3408802

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

Zip

33169

Country

USA

Zip

33169

Country

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KUPFERBERG, HENRY  
16375 NE 18TH AVENUE, STE 305  
NORTH MIAMI BEACH FL 33162

Name

Street Address (P.O. Box Number is Not Acceptable)

150 NW 168th St

Suite 330

City

N. MIAMI BEACH

FL

Zip Code

33169

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

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

TITLE	P	<input type="checkbox"/> Delete
NAME	KUPFERBERG, ROZA G	
STREET ADDRESS	2000 ISLAND BLVD APT 2710	
CITY-ST-ZIP	AVENTURA FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	KUPFERBERG, HENRY	
STREET ADDRESS	2000 ISLAND BLVD APT 2710	
CITY-ST-ZIP	AVENTURA FL	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Henry Kupferberg, Pres

1/30/00

Date

Daytime Phone #

305 249 5005