

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H06500

1. Entity Name

MAWN-KI, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90057 023 ***150.00

Principal Place of Business

Mailing Address

8528 N. LYNN AVENUE
TAMPA FL 33604

8528 N. LYNN AVENUE
TAMPA FL 33604-1314

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

~~50-2513249~~
39-2411083

Applied For

Not Applicable

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

BRADY, MICHAEL P.
15716 SPRINGMOSS LANE
TAMPA FL 33624

Name

BRADY, MICHAEL P.

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

801 BUNKER VIEW DRIVE

APOLLO BEACH, FL 33572

City

TAMPA,

FL

Zip Code
33572

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **BRADY, MICHAEL P.**
STREET ADDRESS **8528 N LYNN AVENUE**
CITY-ST-ZIP **TAMPA FL**

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

TITLE **S** ☐ Delete
NAME **CROCKER, KIMBERLY D.**
STREET ADDRESS **8406 TAMPA ST. #31**
CITY-ST-ZIP **TAMPA FL**

TITLE **S** ☐ Change ☐ Addition
NAME **CROCKER, KIMBERLY D.**
STREET ADDRESS **801 BUNKER VIEW DRIVE**
CITY-ST-ZIP **APOLLO BEACH, FL. 33572**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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: 

MICHAEL P. BRADY 4-1-2000

(813) 933-1503

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)



Department of the Treasury
Internal Revenue Service
ATLANTA, GA 39901

#4065DP
640078
Date of this notice:
Taxpayer Identifying Number
Form: 2363

FEB. 22, 1999

59-2411085

Tax Period:

For assistance you may
call us at:

354-1760 LOCAL J
1-800-829-1040

Or you may write to us at
the address shown at the
left. If you write, be
sure to attach the bottom
part of this notice.



MAWN KI INC
HOLIDAY BAR
8528 N LYNN AVE
TAMPA FL 33604-1314285

EIN ASSIGNED IN ERROR

OUR RECORDS INDICATE WE HAVE INCORRECTLY ASSIGNED MORE THAN ONE EMPLOYER
IDENTIFICATION NUMBER TO YOU. THE NUMBER SHOWN ABOVE IS YOUR CORRECT ONE. THE
FOLLOWING NUMBER HAS BEEN INCORRECTLY ASSIGNED:

59-2513249

WE WILL TRANSFER ANY PAYMENTS OR RETURNS TO YOUR ACCOUNT UNDER THE CORRECT
EMPLOYER IDENTIFICATION NUMBER.

PLEASE USE THE CORRECT NUMBER AND ACCOUNT NAME, EXACTLY AS SHOWN ABOVE, ON BUSINESS
TAX RETURNS, PAYMENTS, PAYMENTS MADE ELECTRONICALLY, AND RELATED CORRESPONDENCE.

PLEASE DESTROY ANY FEDERAL TAX DEPOSIT COUPON BOOKS THAT SHOW THE INCORRECT
EMPLOYER IDENTIFICATION NUMBER.

IF YOU DEPOSIT ELECTRONICALLY, PLEASE VERIFY THAT YOUR EIN IS CORRECT BEFORE MAKING
YOUR DEPOSIT WITH THE FINANCIAL INSTITUTION DESIGNATED TO PROCESS YOUR
ELECTRONIC FUNDS TRANSFER (EFT) TAX PAYMENTS.

WE APOLOGIZE FOR ANY INCONVENIENCE WE MAY HAVE CAUSED YOU, AND THANK YOU FOR YOUR
COOPERATION.

To make sure that IRS employees give courteous responses and correct information to taxpayers, a second IRS employee sometimes listens in on
telephone calls.

Keep this part for your records

Overlay 5 Form 8489 (Rev. 8-9)

Return this part to us with your check or inquiry

Your telephone number

Best time to call

592411085 TY 00 0000

INTERNAL REVENUE SERVICE
ATLANTA, GA 39901

MAWN KI INC
HOLIDAY BAR
8528 N LYNN AVE
TAMPA FL 33604-1314285