2000 UNIFORM BUSINESS REPORT (UBR)

Apr 20, 2000 8:00 am Secretary of State DOCUMENT # **H06500** 1. Entity Name MAWN-KI, INC. 04-20-2000 90057 023 ***150.00 Principal Place of Business Mailing Address 8528 N. LYNN AVENUE 8528 N. LYNN AVENUE TAMPA FL 33604 TAMPA FL 33604-1314 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 50-25 13249 Not Applicable 39-241108 \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BRADY, MICHAEL P. BRADY, MICHAEL P. Street Address (P.O. Box Number is Not Acceptable) 80 1 BUNKER VIEW DRIVE 15716 SPRINGMOSS LANE TAMPA FL 33624 APOLLO BEACH, FL 33572 Zig Gode 7 2 TAMPA, 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 DATE (NOTE: Registered Agent signature required when reinstating) 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) \Box Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition TITLE Delete TITLE BRADY, MICHAEL P. NAME NAME STREET ADDRESS 8528 N LYNN AVENUE STREET ADDRESS CITY-ST-ZIP TAMPA FL CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE CROCKER, KIMBERLY D. CROCKER, KIMBERLY D. NAME STREET ADDRESS 801 BUNKER VIEW DRIVE STREET ADDRESS 8406 TAMPA ST. #31 CITY-ST-ZIP CITY-ST-ZIP APOLLO BEACH, FL. 33572 TAMPA FL □ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TIT) F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 em

CITY-ST-ZIP

CITY-ST-ZIP

MICHAFI P

BRADY 4-1-2000

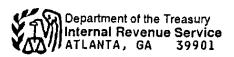
5901

TR ## #06507963-737-00018-8 26025 :

Oute of this notice: FEB. 22, 1999
Taxpayer Identifying Number 59-2411085

Tax Period:

Form: 2363



For assistance you may call us at:

354-1760 LOCAL Ji 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.

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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. Coverlay 5 Form 8489 (Rev.8-	9-
Keep this part for your records	

Return this part to us with your check or inquiry

Your telephone number

Best time to call

592411085 TY 00 0000

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INTERNAL REVENUE SERVICE ATLANTA, GA 39901

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