## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** May 04, 2000 8:00 am Secretary of State OCUMENT # H76293 05-04-2000 90155 050 \*\*\*150.00 'MABAT ENTERPRISES, INC. Mailing Address Principal Place of Business TN. 53RD AVE. 3620 N. 53RD AVE. 002000 HOLLYWOOD FL 33021-2336 TWOOD FL 33021 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEi Number City & State City & State 65-0015622 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GOLAN, AMNON Street Address (P.O. Box Number is Not Acceptable) 3620 N. 53RD AVE. HOLLYWOOD FL 33021 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 Signature, typed or printed name of registered agent and title if applicable. (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (9/99) ☐ Addition ☐ Change ☐ Delete DPST TITLE NAME GOLAN, AMNON STREET ADDRESS STREET ADDRESS 3620 N 53RD AVE. CITY-ST-ZIP HOLLYWOOD FL 33021 Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY\_ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ⟨□⟩ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME 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. Amnon Golan 4/28/00 (954) 981-0700 SIGNATURE: Daytime Phone #