

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90338 018 ***150.00

DOCUMENT # H76293

1. Entity Name

MABAT ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

19111 COLLINS AVE

Suite, Apt. #, etc.

801

3. Mailing Address

19111 COLLINS AVE

Suite, Apt. #, etc.

801

DO NOT WRITE IN THIS SPACE

City & State

SUNNY ISLES BCH, FL

City & State

SUNNY ISLES BCH, FL

4. FEI Number

65-0015622

Applied For

Not Applicable

Zip

33160

Country

USA

Zip

33160

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

GOLAN, AMNON

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

19111 COLLINS AVE

#801

City

SUNNY ISLES BEACH

FL

Zip Code

33160

**DO NOT WRITE
IN THIS SPACE**

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	DPST GOLAN, AMNON 19111 COLLINS AVE #801 SUNNY ISLES BCH, FL 33160
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/02

954-382-0020

CR2E034B (12/01)