

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90079 031 ***150.00

0107487

DOCUMENT # K37038

1. Entity Name

MABRO, INC.

Principal Place of Business

450 NORTH PARK ROAD
SUITE 500
HOLLYWOOD FL 33021
US

Mailing Address

450 NORTH PARK ROAD
SUITE 500
HOLLYWOOD FL 33021
US

2. Principal Place of Business

450 N. Park Road

Suite, Apt. #, etc.

Suite 500

City & State

Hollywood FL

Zip

33021

Country

USA

3. Mailing Address

450 N. Park Road

Suite, Apt. #, etc.

Suite 500

City & State

Hollywood, FL

Zip

33021

Country

USA

4. FEI Number

65-0079308

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ISRAEL, STANLEY E.
450 NORTH PARK ROAD
SUITE 500
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name

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

Suite 500

City

FL

Zip Code

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, 2001 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 **D** ☐ Delete
 NAME **ISRAEL, STANLEY E.**
 STREET ADDRESS **450 NORTH PARK ROAD, SUITE 500**
 CITY-ST-ZIP **HOLLYWOOD FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **450 N. Park Road, Suite 500**
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **VP/D**
 STREET ADDRESS **Israel, Sheila E.**
 CITY-ST-ZIP **450 N. Park Road, Suite 500**
Hollywood, FL 33021

TITLE ☐ Change ☒ Addition
 NAME **S/D**
 STREET ADDRESS **Israel, Marilyn R.**
 CITY-ST-ZIP **450 N. Park Road, Suite 500**
Hollywood, FL 33021

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

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

TITLE ☐ Change ☐ 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

Date **3/2/01**

Daytime Phone # **954-985-6767**

CR2E034 (10/00)