

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2002 8:00 am
Secretary of State

07-18-2002 90133 033 ***150.00

DOCUMENT # K81378

1. Entity Name
MOBILITY CONCEPTS, INC.

Principal Place of Business

**99 SW 10TH AVENUE BAY D
HALLANDALE FL 33009**

Mailing Address

**99 SW 10TH AVENUE BAY D
HALLANDALE FL 33009**

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

65-0115068

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

DUDA, SONIA

10961 NW 18TH COURT

PLANTATION FL 33322

Name

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

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTS
DUDA, SONIA
10961 NE 18 CT
PLANTATION FL 33322

☐ Delete

TITLE
NAME
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/3/02 954-456-6096

CR2E034 (4/02)

Attachment

B0130167

MOBILITY CONCEPTS IN
99 SW 10th Avenue
Hallandale, FL 33009
Tel. 954-456-6096
Fax. 954-456-1488

July 9, 2002

Department of State
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

RE: Mobility Concepts Inc.
Doc# K81378

To Whom It May Concern:

Enclosed you will find our Uniform Business Report for 2002 along with the payment. I would like to apologize for its tardiness and would like to explain. I was not aware that it had not been filed. Our bookkeeper always took care of these things and apparently she never did. This was one of the reasons why we had to dismiss her.

I would like to ask you to forgive the penalty because of the reason mentioned above. Should you need any other information, please do not hesitate to call me. Thank you for your attention to this matter.

Sincerely,


Sonia Duda
Owner

LOAN OFFICE

ENCLOSURE