

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90955 013 ***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

230 N. Dixie Hwy

Suite, Apt. #, etc.

Bays 30-33

City & State

Hollywood, FL

Zip

33020

Country

USA

3. Mailing Address

230 N. Dixie Hwy

Suite, Apt. #, etc.

Bays 30-33

City & State

Hollywood, FL

Zip

33020

Country

USA



☒ CHECK HERE IF MAKING CHANGES

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

DUDA, SONIA

**10961 NW 18TH COURT 4924 SW 27th Ave
PLANTATION FL 33322 Ft. Lauderdale, FL 33312**

7. Name and Address of New Registered Agent

Name

Duda, Sonia

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

4924 SW 27th Ave

City

Ft. Lauderdale

FL

Zip Code

33312

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)

2/19/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTS	<input type="checkbox"/> Delete
NAME	DUDA, SONIA	
STREET ADDRESS	10961 NE 18 CT	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sonia Duda	
STREET ADDRESS	4924 SW 27th Avenue	
CITY-ST-ZIP	Ft. Lauderdale, FL 33312	
TITLE	Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scott Briggs	
STREET ADDRESS	4891 SW 26th Avenue	
CITY-ST-ZIP	Ft. Lauderdale, FL 33312	
TITLE	Treasurer/Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sonia Carolina Soto	
STREET ADDRESS	4924 SW 27th Ave	
CITY-ST-ZIP	Ft. Lauderdale, FL 33312	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REC Sonia Duda

2/19/03

954-922-9554

Date

Daytime Phone #

CR2E034 (10/02)