FILED
Sep 12, 2002 8:00 am
Secretary of State
09-12-2002 90093 010 ***550.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L39923

1. Entity Name

M.A.B.E. PROPERTIES, INC.

DO NOT WRITE IN THIS SPACE

980341

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
18239 S.E. Federal Highway	18239 S.E. Federal Highway
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tequesta, FL	City & State: Tequesta, FL
Zip: 33469 Country: USA	Zip: 33469 Country: USA

4. FEI Number: 650167392 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**

Name: Edmund Brennen
Street Address (P.O. Box Number is Not Acceptable): 18239 S.E. Federal Highway
City: Tequesta **FL** Zip Code: 33469

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: Edmund Brennen — Sept 11/02
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	President/Director
NAME	Edmund Brennen
STREET ADDRESS	18239 S.E. Federal Highway
CITY-ST-ZIP	Tequesta, FL 33469

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Edmund Brennen — Sept 11/02 — 561 747 7733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #