

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State
02-28-2001 90104 003 ***150.00

DOCUMENT # M47108

1. Entity Name
MAURY ENTERPRISES, INC.

Principal Place of Business Mailing Address
1625 NW First Court
Boca Raton, FL 33432

A0026105

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
59-2770018
Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Leo A. Fox
Fox & Fox, P.A.
133 Boca Raton Road
Boca Raton, FL 33432

7. Name and Address of New Registered Agent
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.

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 - \$61.25
After MAY 1, 2000 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 **President, Secy., Director** ☒ Delete
NAME **Igal Bloch**
STREET ADDRESS **1625 NW First Court**
CITY-ST-ZIP **Boca Raton, FL 33432**
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 **President, Director** ☒ Change ☐ Addition
NAME **Janelle Bioch**
STREET ADDRESS **1625 NW First Court**
CITY-ST-ZIP **Boca Raton, FL 33432**
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
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

Daytime Phone #

CR2E034 (9/99)