

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90128 043 ****61.25

DOCUMENT # N00000001902

1. Entity Name

THE MUSTARD PLANTATION CORP.

Principal Place of Business

9016 COLLINS AVE
 SURFSIDE FL 33154

Mailing Address

9016 COLLINS AVE
 SURFSIDE FL 33154

2. Principal Place of Business

1051 collins ave

3. Mailing Address

PO Box 546882

Suite, Apt. #, etc.

SUITE 7

Suite, Apt. #, etc.

SURFSIDE FL

City & State

miami beach Fla.

City & State

Florida

4. FEI Number

0993102

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KOTOK, BRENDA
 9016 COLLINS AVE
 SURFSIDE FL 33154

7. Name and Address of New Registered Agent

Name *Brenda KOTOK SAME*

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

SAME

City

SAME

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

1-4-2001

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	D CHAIRMAN	<input type="checkbox"/> Delete
NAME	KOTOK, BRENDA TH	
STREET ADDRESS	9016 COLLINS AVE	<i>OKAY ✓</i>
CITY-ST-ZIP	SURFSIDE FL 33154	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DE ARMAS, GILLERMO	
STREET ADDRESS	9016 COLLINS AVE	<i>ASISTANCE CPA.</i>
CITY-ST-ZIP	SURFSIDE FL 33154	
TITLE	D ADVISOR	<input type="checkbox"/> Delete
NAME	KOTOK, GABE	
STREET ADDRESS	9016 COLLINS AVE	<i>OKAY ✓</i>
CITY-ST-ZIP	SURFSIDE FL 33154	
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 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Carol A Margeman</i>	
STREET ADDRESS	<i>TRAVELER</i>	
CITY-ST-ZIP	<i>9655 South Dixie Hwy Miami FL 33156 (DIXIE) 3rd Floor.</i>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>BOBBY BLAND</i>	
STREET ADDRESS	<i>Director of Events</i>	
CITY-ST-ZIP	<i>1532 Washington Ave Mia B-H-33139.</i>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Keiran Ng</i>	
STREET ADDRESS	<i>Trustee</i>	
CITY-ST-ZIP	<i>17200 North 13th Ave North Miami Beach FL 33162</i>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Russell C Weigelt III</i>	
STREET ADDRESS	<i>Advisor Lawyer, U.S. & Exchange Comm.</i>	
CITY-ST-ZIP	<i>1401 Brickell Ave Ste #200 Mia-Fla 33131.</i>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Alex Gonzalez (Director of Events)</i>	
STREET ADDRESS	<i>1058 Meridian Ave</i>	
CITY-ST-ZIP	<i>Miami Beach Fla 33139.</i>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>CHAD OPPENHEIM</i>	
STREET ADDRESS	<i>Planned Construction</i>	
CITY-ST-ZIP	<i>800 West Ave PH 27 Mia. Beach Fl. 33139.</i>	

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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE REQUIRED
1-4-2001 305 490 6072

0041018

CR2E037 (10/00)