

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90201 033 \*\*\*\*61.25

**DOCUMENT # N02000006266**

**1. Entity Name**  
**MAH JONGG TOURNAMENTS, INC.**



**Principal Place of Business**

**4100 GALT OCEAN DRIVE**  
**#609**  
**FORT LAUDERDALE FL 33308**

**Mailing Address**

**4100 GALT OCEAN DRIVE**  
**#609**  
**FORT LAUDERDALE FL 33308**

11014600



☒ CHECK HERE IF MAKING CHANGES

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**

51-0423286

Applied For

Not Applicable

Zip

Country

Zip

Country

**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**

**TARNOVE, BILLIE**  
**4100 GALT OCEAN DRIVE**  
**#609**  
**FORT LAUDERDALE FL 33308**

Name

GOLDA LEVITAN

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

4100 GALT OCEAN DRIVE #609

FORT LAUDERDALE, FL. 33308

City

FL

Zip Code

33308

**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

*Golda Levitan*

4/22/03

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

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	D	<input type="checkbox"/> Delete
NAME	LEVITAN, GOLDA	
STREET ADDRESS	4100 GALT OCEAN DRIVE #609	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHANSEN, ROBERT	
STREET ADDRESS	4100 GALT OCEAN DRIVE #609	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	D	<input type="checkbox"/> Delete
NAME	TARNOVE, EDNA M	
STREET ADDRESS	3200 PORT ROYALE DR. N. #807	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	D	<input type="checkbox"/> Delete
NAME	TARNOVE, BILLIE	
STREET ADDRESS	1900 W. COMMERCIAL BLVD. #100	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
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"/> 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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILLIE TARNOVE	
STREET ADDRESS	PO BOX 23536	
CITY-ST-ZIP	FT. LAUDERDALE FL 33307	
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 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:**

*Edna Tarnove*

4/22/03 904-351-1144

CR2E037 (10/02)