

2000-UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44270

1. Entity Name

MIDDLE EAST NETWORK, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90065 029 ****61.25

Principal Place of Business

8211 NW 91ST AVE
TAMARAC FL 33321

Mailing Address

8211 NW 91ST AVE
TAMARAC FL 33321-1515

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

05-0276506

Applied For

Not Applicable

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

GROSSBERG, EDYTHE
8211 NW 91ST AVE
TAMARAC FL 33321

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME GROSSBERG, EDYTHE
STREET ADDRESS 8211 NW 91ST AVE
CITY-ST-ZIP TAMARAC FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☒ Delete
NAME KAPLAN, BENJAMIN
STREET ADDRESS 10980 WATER OAK MANOR
CITY-ST-ZIP BOCA RATON FL

TITLE Treasurer/Director ☐ Change ☒ Addition
NAME Ely Wishnick
STREET ADDRESS 10703B Ladypalm Lane
CITY-ST-ZIP Boca Raton, FL 33498

TITLE VP ☐ Delete
NAME KAPLAN, ANNE
STREET ADDRESS 10980 WATER OAK MANOR
CITY-ST-ZIP BOCA RATON FL 33498

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME GROSSBERG, AL
STREET ADDRESS 8211 N2 91 AV
CITY-ST-ZIP TAMARAC FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME KATZBERG, WILLIAM
STREET ADDRESS 7440 GRANVILLE DR
CITY-ST-ZIP TAMARAC FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME DINKES, BEN
STREET ADDRESS 3004 PORT OF INO ISLE
CITY-ST-ZIP COCONOT CREEK FL

TITLE ☐ Change ☐ 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: *Ely Wishnick*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 21 2000

(561) 852-2166

Date

Daytime Phone #

CR2E037 (9/99)