

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # P00000001057

1. Entity Name

MOLLYBAUN, INC.

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90016 030 \*\*\*150.00

Principal Place of Business Mailing Address  
12912 SW 133RD CT. SUITE A 12912 SW 133RD CT. SUITE A  
MIAMI FL 33186 MIAMI FL 33186

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEE NUMBER 0984293

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

~~MONTERO, MICHAEL C~~  
~~790 NW 42ND AVE, SUITE 300~~  
~~MIAMI FL 33126~~  
~~XXXXXXXXXX~~

OCARIZ, GITLIN & ZOMERFELD  
UNION PLANTERS BANK BLDG  
2151 LEJEUNE RD SUITE 312  
CORAL GABLES FL 33134

Name

ROBERT HAYNES

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

12912 SW 133RD CT STE A

City MIAMI

FL

Zip Code 33186

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**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PSTD	HAYNES, ROBERT	12912 SW 133RD CT, SUITE A MIAMI FL 33186	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	PD	HAYNES, ROBERT	12912 SW 133RD CT SUITE A MIAMI FL 33186	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)