

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000001472

1. Entity Name

MIDO MARKETING USA, INC.

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90073 007 \*\*\*150.00

Principal Place of Business 777 S. FLAGLER DRIVE STE 300 EAST WEST PALM BEACH FL 33401	Mailing Address 777 S. FLAGLER DRIVE STE 300 EAST WEST PALM BEACH FL 33401
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2. Principal Place of Business P.O. Box 2218	3. Mailing Address P.O. Box 2218
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Palm Beach FL	City & State Palm Beach FL
Zip 33480	Country U.S.A.
Zip 33480	Country U.S.A.

4. FEI Number 65-0987389	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent RIDOLFO, PHILLIP T ESQ 777 SOUTH FLAGLER DRIVE STE 300 EAST WEST PALM BEACH FL 33401	7. Name and Address of New Registered Agent Name: <u>BABEEL KOWALL</u> Street Address (P.O. Box Number is Not Acceptable): <u>2545 So. Ocean Blvd. Apt. 312</u> City: <u>Palm Beach</u> FL Zip Code: <u>33480</u>
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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: Babeel Kowall Babeel Kowall, President 3/28/00  
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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>BABEEL KOWALL</u> <u>2545 So. Ocean Blvd. Apt. 312</u> <u>Palm Beach FL 33480</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice-President</u> <u>MANFRED KOWALL</u> <u>2545 So. Ocean Blvd. Apt. 312</u> <u>Palm Beach FL 33480</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Babeel Kowall 3/28/00 582  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)