

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000008891
1. Entity Name
MABELLE, INC.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 SEP 13 AM 10:53



Principal Place of Business
 15157 S.W. 95 ST.
 MIAMI FL 33196

Mailing Address
 15157 S.W. 95 ST.
 MIAMI FL 33196

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip **Country** **Zip** **Country**

4. FEI Number 65-1108986 **Applied For** Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 RIERA, MARIA I
 15157 S.W. 95 ST.
 MIAMI FL 33196

7. Name and Address of New Registered Agent
 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 _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$550.00**
After September 12, 2001 Fee will be \$750.00
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 PRESIDENT MARIA I RIERA 15157 S.W. 95 ST. MIAMI FLA 33196	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900004588919-4 -09/14/01--01054--013 ****150.00 ****150.00
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
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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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date Daytime Phone #

008742 AV

CR2E034 (5/01)

Phone's 947-9877 or 947-9892

VICTOR REINER ASSOCIATES, INC.
1944 N.E. 163RD STREET
NO. MIAMI BEACH, FLA. 33162

ACCOUNTING
BOOKEEPING
BUSINESS ADVISOR
TAX RETURNS

PERSONALIZED ATTENTION

VICTOR REINER

MEMBER FLORIDA ASSOCIATION OF INDEPENDENT ACCOUNTANTS

SEPT. 11th 2001

PLEASE BE ADVISED WE DID NOT RECEIVE THE ORIGINAL
REPORT PACKAGE FOR 2001

AS PER MY CONVERSATION WITH YOUR OWE ARE ENCLOSING
ANNUAL REPORT FOR Y2001 along with a CHECK FOR 150
AND RESPECTFULLY REQUEST WAIVER OF ALL PENALTYS.

CORDIALLY,

Victor Reiner