

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90034 012 ***150.00

DOCUMENT # P00000009833

1. Entity Name

MOLLY MANAGEMENT, INC.

Principal Place of Business

Mailing Address

7760 WEST 20 AVE.,#7
 HIALEAH FL 33013

7760 WEST 20 AVE.,#7
 HIALEAH FL 33013

2. Principal Place of Business

7760 West 20th Ave #7
 Suite, Apt. #, etc.

3. Mailing Address

7760 West 20th Ave
 Suite, Apt. #, etc.
 #7

City & State

Hialeah Florida

City & State

Hialeah Florida

4. FEI Number

65-0988473

Applied For

Not Applicable

Zip

33016

Country

USA

Zip

33016

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GORAL, PAUL
 7760 WEST 20 AVE.,#7
 HIALEAH FL 33013

7. Name and Address of New Registered Agent

Name: PAUL GORAL
 Street Address (P.O. Box Number is Not Acceptable): 7760 West 20th Ave #7
 City: Hialeah FL Zip Code: 33016

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]* PRESIDENT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-29-01

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, 2001 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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORAL, PAUL 7760 WEST 20 AVE.,#7 HIALEAH FL 33013 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GORAL, PAUL 7760 West 20th Ave #7 Hialeah, Florida 33016 <input checked="" 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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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] PAUL GORAL
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-29-01

Daytime Phone #

305-698-1444

CR2E034 (10/00)

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