

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000029407

1. Entity Name

MABELINE INVESTMENTS, INC.

Principal Place of Business

6100 S. FALLS CIR. DR. #7-401
LAUDERHILL FL 33319

Mailing Address

6100 S. FALLS CIR. DR. #7-401
LAUDERHILL FL 33319

2. Principal Place of Business

6100 S. FALLS CIRCLE DR. 7-401

3. Mailing Address

6100 S. FALLS CIRCLE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

LAUDERHILL, FL.

7-401

City & State

City & State

LAUDERHILL, FL.

Zip 33319.

Country USA.

Zip 33319

Country USA.

6. Name and Address of Current Registered Agent

PENCHOEN, KENNETH H
6100 S. FALLS CIR. DR. #7-401
LAUDERHILL FL 33319

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. ☒ (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

TITLE D
NAME PENCHOEN, KENNETH H
STREET ADDRESS 6100 S. FALLS CIR. DR. #7-401
CITY-ST-ZIP LAUDERHILL FL 33319 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

K. Penchoen

KENNETH H. PENCHOEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-01

Date

954-717-3612

Daytime Phone #

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90029 040 ***150.00

C0038861



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)