

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000066949

1. Entity Name
MAZAL TOV CO., INC.

Principal Place of Business
407 LINCOLN ROAD SUITE 5-B
MIAMI BEACH FL 33139

Mailing Address
407 LINCOLN ROAD SUITE 5-B
MIAMI BEACH FL 33139

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-1023491

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

BRITO, GEORGE L
407 LINCOLN ROAD SUITE 5-B
MIAMI BEACH FL 33139

Name Garcia, Mendes, Karen
Street Address (P.O. Box Number is Not Acceptable)
URI OSTROVSKY 3025 N Ocean Dr
14549 S.W. 95th Lane FT Laud FL
City FT Laud 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 file 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME OSTROVSKY, URI
STREET ADDRESS 3025 N OCEAN BLVD
CITY-ST-ZIP FT LAUDERDALE FL 33308 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Aug 10, 2001 8:00 am
Secretary of State

08-10-2001 90001 032 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

Uri Ostrowsky
3025 N Ocean Blvd
FT Lauderdale FL 33308

Division of Corp
P.O. Box 6327
Tallahassee FL 32314

Please abate the above mention penalty
I have been very ill from a heart attack
that occurred in December 2000, it's now
that I'm getting out of the hospital to
get around paying my bills. Thanking you
in advance