

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90859 041 ***150.00

DOCUMENT # P00000094396

1. Entity Name

MAKO DEVELOPMENT, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7812 1ST AVE. SOUTH

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ST. PETERSBURG, FL

City & State

4. FEI Number

Applied For

Not Applicable

Zip

33707

Country

PINELLAS

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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

M.R. ELKHOULT, PTD

4/7/02

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) ☒

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	PTD
NAME	ELKHOULT, MAMDOUH R
STREET ADDRESS	7812 1 ST AVE. SOUTH
CITY-ST-ZIP	ST. PETERSBURG, FL. 33707
TITLE	VD
NAME	MATTA, HANI F
STREET ADDRESS	265 8 TH AVE. N.
CITY-ST-ZIP	TIERRA VERDE, FL 33715
TITLE	S
NAME	MATTA, CARMEN A
STREET ADDRESS	265 8 TH AVE. N.
CITY-ST-ZIP	TIERRA VERDE, FL 33715
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

M.R. ELKHOULT, PTD

4/7/02

Date

(727) 384-6455

Daytime Phone #

CR2E034B (12/01)

Attachment # P00000094396 4/7/02
831560

PLEASE NOTE THE change

of ADDRESS for the PRINCIPAL

PLACE of BUSINESS & ALL THE

ADDRESSES of the PRINCIPALS FROM
the LAST YEAR FILING.

THANKS

M.R. ELKHOUly, PTD



TEL (727) 384-6455
