

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000096584

1. Entity Name

MO FLOW RECORD INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90338 022 ***158.75

Principal Place of Business

445 NW 135 ST.
N. MIAMI FL 33168

Mailing Address

445 NW 135 ST.
N. MIAMI FL 33168

B0040029



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1049613

Applied For

Not Applied For

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EDWARDS, LINTON G
445 NW 135 ST.
N. MIAMI FL 33168

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers Not Acceptable)

City

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 re-statuting)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

X

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$350.00
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 ~~CEO~~ ☐ Delete
NAME EDWARDS, LINTON G
STREET ADDRESS 445 NW 135 ST.
CITY-STATE-ZIP N. MIAMI FL 33168

TITLE ~~CEO~~ ☒ Delete
NAME ~~LOUIS, BELONY~~
STREET ADDRESS ~~1047 NW 105 ST.~~
CITY-STATE-ZIP ~~MIAMI FL 33150~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2001

TITLE **PSTD CEO** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

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

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

Register Through

CR2E034 (10.00)