

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90209 045 ***150.00

DOCUMENT # P00000101145

1. Entity Name
MB INVESTMENTS, INC.

Principal Place of Business 13899 N BISCAYNE BLVD SUITE 223 NORTH MIAMI BEACH FL 33181	Mailing Address 13899 N BISCAYNE BLVD SUITE 223 NORTH MIAMI BEACH FL 33181
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80005306



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 801 W. 49 Street Suite, Apt. #, etc. Suite 219 City & State Hialeah, Fl. 33012 Zip 33012 Country USA	3. Mailing Address 801 W. 49 St. Suite, Apt. #, etc. Suite 219 City & State Hialeah, Fl. 33012 Zip 33012 Country USA
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4. FEI Number 65-1070588	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BEHAR, MARIA ESQ
13899 N BISCAYNE BLVD
SUITE 223
NORTH MIAMI BEACH FL 33181

7. Name and Address of New Registered Agent

Name
Maria Behar, Esq.
Street Address (P.O. Box Number is Not Acceptable)
801 West 49th St.
Suite 219
City **Hialeah, Florida** **FL** **Zip Code** **33012**

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, 2002 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	<input type="checkbox"/> Delete
NAME BEHAR, A. MARIA ESQ	
STREET ADDRESS 13899 N BISCAYNE BLVD., SUITE 223	
CITY-ST-ZIP NORTH MIAMI BEACH FL 33181	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BEHAR, MARIA	
STREET ADDRESS 801 W. 49 St., Suite 219	
CITY-ST-ZIP Hialeah, Fl. 33012	
TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MANZANARES, JOSE	
STREET ADDRESS 801 W. 49th St., Suite 219	
CITY-ST-ZIP Hialeah, Fl. 33012	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-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: Maria Behar **MARIA BEHAR** 1/8/02 305-362-5297
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)