

# 2002 UNIFORM BUSINESS REPORT (UBR)

Page 1 of 2

**DOCUMENT #** P01000085802

**1. Entity Name**  
MEGA DOLLAR OF COOPER CITY INC.

**Principal Place of Business** 608 S. Flamingo Road  
**Cooper City FL 33330**

**Mailing Address** 5608 S. Flamingo Road  
**Cooper City FL 33330**

**2. Principal Place of Business**  
Suite, Apt. #, etc.

**3. Mailing Address**  
Suite, Apt. #, etc.

**City & State**

**City & State**

**Zip** **Country**

**Zip** **Country**

**FILED**

02 NOV 20 AM 11:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

**4. FEI Number**  
65-1134283

**Applied For**  
☐ Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

PENIAS, EITAN  
608 S. Flamingo Road  
Cooper City FL 33330

**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** ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> PD <b>NAME</b> PENIAS, EITAN <b>STREET ADDRESS</b> 3755 Picadilly St <b>CITY-ST-ZIP</b> Hollywood FL 33021	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200009110712 11/20/02--01057--022 **150.00
<b>TITLE</b> VD <b>NAME</b> PEYSAKHOVICH, MICHAEL <b>STREET ADDRESS</b> 100 Golden Isles Dr <b>CITY-ST-ZIP</b> Hallandale FL 33009	<input type="checkbox"/> Delete CHANGE OF ADDRESS	<b>TITLE</b> VD <b>NAME</b> Reysakhovich, Michael <b>STREET ADDRESS</b> 6587 Skipper Terr <b>CITY-ST-ZIP</b> Margate, FL 33063	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> SD <b>NAME</b> PENIAS, CLAIRE <b>STREET ADDRESS</b> 3755 Picadilly St <b>CITY-ST-ZIP</b> Hollywood FL 33021	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> TD <b>NAME</b> PEYSAKHOVICH, CAROL <b>STREET ADDRESS</b> 100 Golden Isles Dr <b>CITY-ST-ZIP</b> Hallandale FL 33009	<input type="checkbox"/> Delete CHANGE OF ADDRESS	<b>TITLE</b> TD <b>NAME</b> Reysakhovich, Carol <b>STREET ADDRESS</b> 6587 Skipper Terr <b>CITY-ST-ZIP</b> Margate, FL 33063	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> 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** \_\_\_\_\_

CR2E034 (11/00)

Payroll

November 12, 2002

Mega Dollar of Cooper City Inc.  
5608 Flamingo Road  
Cooper City FL 33330

Division Of Corporations  
Tallahassee, FL 32302

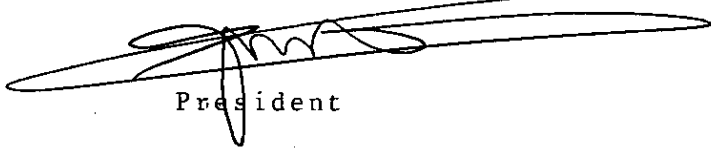
Ref: P01000085802 - Annual Business Report 2002

To Whom It May Concern:

We are sending a filled out blank annual report to your Department because we never received the original report. Please accept our apologies and accept this \$150.00 filing fee. We apologize for any inconvenience this may have caused. Our office never meant to send the report late. In the future we will send the report on time.

Thank you very much for your cooperation. Any questions please feel free to contact me at (305) 541-3980

Sincerely,



President