

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

APPROVAL
AND
FILED

1/2

DOCUMENT # P01000112282	
1. Entity Name Mos Dan, Inc.	

05 SEP -9 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3137 NW 99 Ave		3. Mailing Address Suite, Apt. #, etc.	
City & State Miami, FL		City & State	
Zip 33172	Country	Zip	Country

REINSTATEMENT

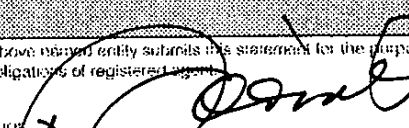
04-05

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4. FEI Number 65-1155838	Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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7. Name and Address of Current Registered Agent	
Name SOCRATES HAYDAR	
Street Address (P.O. Box Number is Not Acceptable) 3137 NW 99 Ave	
City Miami	FL Zip Code 33172

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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing ☒ Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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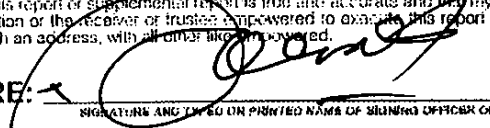
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP P Socrates Haydar 3137 NW 99 Ave Miami, FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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200053779602
09/20/05-01036-001 \$4300.00

**DO NOT WRITE
IN THIS SPACE**

K. Eckel SEP -9 2005

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and 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 10 or on an attachment with an address, with all other information provided.

SIGNATURE: 	DATE	Printed Name of
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CR2E034B (12/02)

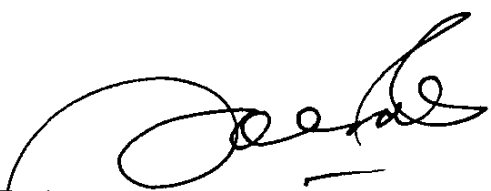
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Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of \$300.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2004 and 2005 or any other notice from the Division of Corporations in respect with the Corporation, **MOS DAN, INC.**

Thank you for your courtesy in this matter.



Socrates Haydar