FILED
Apr 16, 2003 8:00 am
Secretary of State
04-16-2003 90203 010 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000000959

1. Entity Name: MIND US Inc.

7U042191

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
4103 W Atlantic blvd		4103 W Atlantic blvd	
Suite, Apt. #, etc.: # 402		Suite, Apt. #, etc.: # 402	
City & State: Coconut Creek, FL		City & State: Coconut Creek FL	
Zip: 33066	Country: USA	Zip: 33066	Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 73-1631658 ☒ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Gabor Babos

Street Address (P.O. Box Number is Not Acceptable): 4103 W Atlantic blvd # 402

City: Coconut Creek FL Zip Code: 33066

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) ☐

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	V. PRESIDENT
NAME	GABOR BABOS
STREET ADDRESS	4103 W Atlantic blvd #402
CITY-ST-ZIP	COCONUT CREEK, FL, 33066
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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: [signature] GABOR BABOS 4/10/2003 954-974-7424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #