

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90443 026 ***150.00

DOCUMENT # P02000057886

1. Entity Name

MASH INTERNATIONAL, INC.



Principal Place of Business

P.O. BOX 4482

HALLANDALE FL 33008

Mailing Address

P.O. BOX 4482

HALLANDALE FL 33008

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEL Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZIGHELBOIM, JOHNNY
3567 NW 61 CICLE
BOCA RATON FL 33496

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	FISCHER, JOE	
STREET ADDRESS	P.O. BOX 4482	
CITY-ST-ZIP	HALLANDALE FL 33008	
TITLE	V	<input type="checkbox"/> Delete
NAME	ZIGHELBOIM, JOHNNY	
STREET ADDRESS	P.O. BOX 4482	
CITY-ST-ZIP	HALLANDALE FL 33008	
TITLE	D	<input type="checkbox"/> Delete
NAME	BASSAL, BELINDA	
STREET ADDRESS	P.O. BOX 4482	
CITY-ST-ZIP	HALLANDALE FL 33008	
TITLE	D	<input type="checkbox"/> Delete
NAME	MULLER-ZIGHELBOIM, VIVIAN D	
STREET ADDRESS	P.O. BOX 4482	
CITY-ST-ZIP	HALLANDALE FL 33008	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISCHER, JOE	
STREET ADDRESS	6043 NW 167th ST #A-12	
CITY-ST-ZIP	MIAMI, FL 33015	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIGHELBOIM, JOHNNY	
STREET ADDRESS	6043 NW 167th ST #A-12	
CITY-ST-ZIP	MIAMI, FL 33015	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASSAL, BELINDA	
STREET ADDRESS	6043 NW 167th ST #A-12	
CITY-ST-ZIP	MIAMI, FL 33015	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLER-ZIGHELBOIM, VIVIAN D	
STREET ADDRESS	6043 NW 167th ST #A-12	
CITY-ST-ZIP	MIAMI, FL 33015	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COTEN, FSAAC	
STREET ADDRESS	6043 NW 167th ST #A-12	
CITY-ST-ZIP	MIAMI, FL 33015	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COTEN, MIRIAM V.	
STREET ADDRESS	6043 NW 167th ST #A-12	
CITY-ST-ZIP	MIAMI, FL 33015	

12. 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 10 or Block 11 if changed, or on an attachment with an address, which I am otherwise empowered.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHNNY ZIGHELBOIM

Date

Daytime Phone #

4/9/03 (561) 929-9090

CR2E034 (10/02)