

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

ATX1

DOCUMENT # P4000027792	
1. Entity Name	
MOUNTAINDALE INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5406 K FIRENZE DR.		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BOYNTON BEACH, FL		City & State	
Zip 33437	Country	Zip	Country

4. FEI Number 20-0709929	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name PHYLIS KATZ	
Street Address (P.O. Box Number is Not Acceptable) 5406 FIRENZE DR	
City BOYNTON BEACH	FL Zip Code FL

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** 4/30/09

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES PHYLIS KATZ 5406 FIRENZE DR. BOYNTON BEACH FL 33437	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600155776656 05/11/09--01047--029 **150.00
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/30/09 Daytime Phone #