# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 30, 2006 8:00 am** K1
**Secretary of State**
03-30-2006 90031 025 ***150.00

DOCUMENT # P05000050316

1. Entity Name

MUCK CITY, INC.

**DO NOT WRITE IN THIS SPACE**

50007352

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 301 WEST AVENUE A | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: BELLE GLADE, FL | City & State |
| Zip: 33430 / Country | Zip / Country |

4. FEI Number: 20-2664790 ☐ 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: YOUSEF MUSLET

Street Address (P.O. Box Number is Not Acceptable): 301 WEST AVENUE A

City: BELLE GLADE, FL **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

**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

| 10. OFFICERS AND DIRECTORS | | 11. | |
|---|---|---|---|
| TITLE | PRESIDENT, S | TITLE | |
| NAME | YOUSEF MUSLET | NAME | |
| STREET ADDRESS | 301 WEST AVENUE A | STREET ADDRESS | |
| CITY-ST-ZIP | BELLE GLADE, FL | CITY-ST-ZIP | |
| TITLE | ~~VICE PRESIDENT, T~~ | TITLE | |
| NAME | ~~YOUSEF MUSLET~~ | NAME | |
| STREET ADDRESS | ~~301 WEST AVENUE A~~ | STREET ADDRESS | |
| CITY-ST-ZIP | ~~BELLE GLADE, FL~~ | CITY-ST-ZIP | |
| TITLE | VICE President, T | TITLE | |
| NAME | Faisal Muslet | NAME | |
| STREET ADDRESS | 317 west Ave. A | STREET ADDRESS | **DO NOT WRITE IN THIS SPACE** |
| CITY-ST-ZIP | Belle Glade, FL. 33430 | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
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| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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 Daytime Phone #