04/26/2000 12:06 2128560923

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2000 8:00 am
Secretary of State
06-08-2000 90432 035 ***150.00

DOCUMENT # P92000002830

1. Entity Name

MFB INC.

Principal Place of Business	Mailing Address
11310 INTERCHANGE CIR N MIRAMAR FL 33025 US	11310 INTERCHANGE CIR N MIRAMAR FL 33025-6003 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 13-3043652 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FEINBERG, JEFFREY
4651 SHERIDAN STREET
SUITE 300
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

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.

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) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST KIPPERMAN, JERRY 20191 E COUNTRY CLUB DRIVE, APT 706 AVENTURA FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KIPPERMAN, RONALD 20191 E COUNTRY CLUB DR APT 706 AVENTURA FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] JERRY KIPPERMAN 5/1/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #