## **2002 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Apr 22, 2002 8:00 am Secretary of State DOCUMENT # P93000014168 1. Entity Name 04-22-2002 90188 011 \*\*\*150 MAHALO, INC. Principal Place of Business Mailing Address 5365 WEST RANGER STREET 5365 WEST RANGER STREET BEVERLY HILLS FL 34465-4684 BEVERLY HILLS FL 34465-4684 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3167211 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MASAOY, JANET Street Address (P.O. Box Number is Not Acceptable) 5365 WEST RANGER STREET BEVERLY HILLS FL 34465-4684 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition MASAOY, JOSE NAME NAME STREET ADDRESS P.O. BOX 162 N/A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CRYSTAL RIVER FL 34423-0162 TITLE SD ☐ Delete TITLE Change Addition NAME NAME MASAOY, JANET STREET ADDRESS STREET ADDRESS P.O. BOX 162 N/A CITY-ST-ZIP CITY-ST-ZIP CRYSTAL RIVER FL 34423-0162 ☐ Addition TITLE Delete TITLE . Change T = ~ . NAME MASAOY JANET STREET ADDRESS STREET ADDRESS P.O. BOX 162 N/A CITY-ST-ZIP CITY-ST-ZIP CRYSTAL RIVER FL 34423-0162 ☐ Delete TITLE Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITHE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

April 11, 2002 (52) 527-257

FILED