

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000025193

1. Entity Name
MAB ASSOCIATES, INC.

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90089 028 ***150.00

Principal Place of Business
7650 NW 141 ST.
MIAMI FL 33158
US

Mailing Address
7650 SW 141 ST
MIAMI FL 33158-1632
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9637 SW 69 COURT
Suite, Apt. #, etc.

3. Mailing Address
9637 SW 69 COURT
Suite, Apt. #, etc.

City & State
MIAMI, FL
Zip
33156
Country
MIAMI-DADE

City & State
MIAMI, FL
Zip
33156
Country
MIAMI-DADE

4. FEI Number **65-0398331** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BUCK, MARGARET A
7650 NW 141 ST
MIAMI FL 33158

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
9637 SW 69 COURT
City
MIAMI FL Zip Code
33156

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 **Margaret A Buck** **Margaret A Buck owner/President** **3/10/00**
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			
	BUCK, MARGARET A	7650 SW 141 ST	MIAMI FL 33158	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 **Margaret A Buck** **3/10/00** **(305) 669-0771**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #