

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Sep 15, 2002 8:00 am**  
**Secretary of State**

09-15-2002 90084 014 \*\*\*550.00

**DOCUMENT # P94000004297**

1. Entity Name  
**COUSINS MICA INC.**

Principal Place of Business

**1781 NW 38TH AVE.  
LAUDERHILL FL 33311**

Mailing Address

**1781 NW 38TH AVE.  
LAUDERHILL FL 33311**

00100001

2. Principal Place of Business  
**1785 N.W. 38th Ave**

Suite, Apt. #, etc.

3. Mailing Address  
**1785 N.W. 38th Ave**

Suite, Apt. #, etc.

City & State  
**Lauderhill, FL**

Zip  
**33311**

Country

City & State  
**Lauderhill, FL**

Zip  
**33311**

Country

4. FEI Number  
**65-0463811**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FRANCO, BEKI  
2361 NW 139TH AVE  
SUNRISE FL 33323**

7. Name and Address of New Registered Agent

Name  
**Beki Franco**  
Street Address (P.O. Box Number is Not Acceptable)  
**1785 N.W. 38th Ave**

City  
**Lauderhill FL 33311**

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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	<b>DVP</b>	<input type="checkbox"/> Delete
NAME	<b>MORDACHAI, HAIM</b>	
STREET ADDRESS	<b>6567 RACQUET CLUB DR</b>	
CITY-ST-ZIP	<b>LAUDERHILL FL 33319</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MORDEHAY, ELI</b>	
STREET ADDRESS	<b>3563 INVERRARY BLVD W</b>	
CITY-ST-ZIP	<b>LAUDERHILL FL 33319</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 an other like empowered.

**SIGNATURE:**  **REQUIRED** **Eli Mordehay**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954)485-6000

CR2E034 (4/02)