

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000043955

1. Entity Name

MBO ENTERPRISES, INC.

FILED

Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90072 002 ***150.00

Principal Place of Business

Mailing Address

~~5836 ATLANTA ST.~~
~~HOLLYWOOD FL 33021~~
~~US~~

~~5836 ATLANTA ST~~
~~HOLLYWOOD FL 33021-2718~~
~~US~~

2. Principal Place of Business

3. Mailing Address

16524 NW 24 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PINES FL

City & State

Zip
33028

Country

BROWARD

Zip

Country

4. FEI Number

65-0501222

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZAPATA, MARCO

~~5836 ATLANTA ST.~~ 16524 NW 24 ST
~~HOLLYWOOD FL 33021~~ PEMBROKE PINES,
FL 33028

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]
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 IN 11

TITLE PSTD
NAME MARCO, ZAPATA
STREET ADDRESS ~~5836 ATLANTA STREET~~
CITY-ST-ZIP ~~HOLLYWOOD FL~~

☐ Delete

TITLE
NAME
STREET ADDRESS 16524 NW 24 ST
CITY-ST-ZIP PEMBROKE PINES, FL 33028

☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)