

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000056944

1. Entity Name

MUSTANG SCREEN PRINTING, INC.

**FILED**  
**Feb 19, 2001 8:00 am**  
**Secretary of State**

02-19-2001 90069 046 \*\*\*150.00

Principal Place of Business

9586 SW 156 PLACE  
MIAMI FL 33196  
US

Mailing Address

9586 SW 156 PLACE  
MIAMI FL 33196  
US

C0022805

2. Principal Place of Business

16794 N. Kendall Dr.

3. Mailing Address

16794 N. Kendall Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33196

Country

USA

Zip

33196

Country

USA

4. FEI Number

59-3273337

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SAROTE, ADAM C  
9586 SW 156 PLACE  
MIAMI FL 33196

7. Name and Address of New Registered Agent

Name

Adam Sarote

Street Address (P.O. Box Number is Not Acceptable)

16794 N. Kendall Dr.

City

Miami

FL

Zip Code

33196

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

*Adam Sarote*

Adam Sarote

2/15/01

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, 2001 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 D  
NAME SAROTE, ADAM C  
STREET ADDRESS 9586 SW 156 PLACE  
CITY-ST-ZIP MIAMI FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Adam Sarote  
NAME  
STREET ADDRESS 16794 N. Kendall Dr.  
CITY-ST-ZIP Miami FL 33196

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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:

*Adam Sarote*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/01  
Date

305-380-9433  
Daytime Phone #

0233679

CR2E034 (10/00)