

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000070873

1. Entity Name

MINA K. MANDEL, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90148 006 ***150.00

Principal Place of Business

Mailing Address

838 NE 206TH ST
N MIAMI BEACH FL 33179
US

838 NE 206TH ST
N MIAMI BEACH FL 33028-2023
US

2. Principal Place of Business

3. Mailing Address

1811 N.W. 168th Avenue
Suite, Apt. #, etc.

1811 N.W. 168th Avenue
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Pembroke Pines, Florida

Pembroke Pines, Florida

Zip
33028

Country
USA

Zip
33028

Country
U.S.A

4. FEI Number

65-0523588

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

MANDEL, MINA
838 NE 206TH ST
N MIAMI BEACH FL 33179

Name

MINA MANDEL

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

1811 N.W. 168th Avenue

City

Pembroke Pines

FL

Zip Code

33028

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)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MANDEL, MINA K.
838 NE 206 ST.
MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MINA K. MANDEL
1811 N.W. 168th Avenue
Pembroke Pines, Florida 33028 ☒ Change ☐ Add ☐ OF Address

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

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CITY-ST-ZIP ☐ Change ☐ Add

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

4-11-00

Date

954-443-2453

Daytime Phone #