

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000020961

1. Entity Name

MAFAR U.S.A. CORP.

FILED

00 MAR -6 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

11500 NW SO RIVER DR
MEDLEY, FL 33178

Mailing Address

11500 NW SO RIVER DR
MEDLEY, FL 33178

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0585664

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

MARIA E FIGUEROA
2759 SW 34 AVE
MIAMI, FL 33133

7. Name and Address of New Registered Agent

Name

JOSE BEHAR

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

11243 SW 25 TERR

City

MIAMI

FL

Zip Code

33165

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

JOSE BEHAR

2-28-00

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 PD MARIA E FIGUEROA ☒ Delete
NAME
STREET ADDRESS 2759 SW 34 AVE
CITY-ST-ZIP MIAMI, FL 33133

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD JOSE BEHAR ☒ Change ☐ Addition
NAME
STREET ADDRESS 11243 SW 25 TERR
CITY-ST-ZIP MIAMI, FL 33165

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 100003170311--8
CITY-ST-ZIP -03/14/00--01135--017

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

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

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

TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

JOSE BEHAR

2-28-00

305 8843131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #