

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P95000026458

1. Entity Name

MOBILEVEST, INC.

FILED

02 APR 18 AM 8:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1122 Coney Island Ave.

Suite, Apt. #, etc.  
Suite 214

City & State  
Brooklyn, NY

Zip  
11230

Country  
USA

3. Mailing Address

1122 Coney Island Ave.

Suite, Apt. #, etc.  
Suite 214

City & State  
Brooklyn, NY

Zip  
11230

Country  
USA

4. FEI Number

59-3382592

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 RAYS STREET

City

Tallahassee

FL

Zip Code  
32301

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

Brian Courtney

Asst. V. Pres.

Signature, type or printed name of registered agent and title (if applicable)

DATE

4-18-02

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY-ST-ZIP

P/D

A. D. MANDELBAUM

1122 Coney Island Ave #214  
Brooklyn, NY 11230

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

Gerald Schwebel

1122 Coney Island Ave #214  
Brooklyn, NY 11230

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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STREET ADDRESS

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gerald Schwebel

Date

Daytime Phone #

CRF034B (12/01)



ACCOUNT NO. : 072100000032

REFERENCE : 536538 8739A

AUTHORIZATION :

COST LIMIT : \$ 150.00

*Patricia Pigute*

ORDER DATE : April 18, 2002

ORDER TIME : 3:46 PM

ORDER NO. : 536538-005

CUSTOMER NO: 8739A

CUSTOMER: Jonathan Shepard, Esq  
Siegel Lipman Dunay & Shepard,  
Suite 801  
5355 Town Center Road  
Boca Raton, FL 33486

ANNUAL REPORT FILING

NAME: MOBILEVEST, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
\_\_XX\_\_ PLAIN STAMPED COPY

CONTACT PERSON: LORI DUNLAP

EXT#1111

EXAMINER: \_\_\_\_\_

RECEIVED  
02 APR 18 PM 4:34  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA