

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90263 008 ***158.75

B0063993

DO NOT WRITE IN THIS SPACE

DOCUMENT # P 95000026772			
1. Entity Name M RAD INC.			
Principal Place of Business OLD 1681 NW 93 AVE PLANTATION FL 33322		Mailing Address NEW 9750 SW 13 ST PEMBROKE PINES 33025, FL	
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 65-0625269	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GARY ZEIK 1681 NW 93 AVE PLANTATION FL 33322		7. Name and Address of New Registered Agent Name: CHERI OQUIST Street Address (P.O. Box Number is Not Acceptable): 9750 SW 13 STREET City: PEMBROKE PINES FL Zip Code: 33025	
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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]* **DATE** 8/31/01

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD GARY ZEIK <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD GARY ZEIK 9750 SW 13 STREET PEMBROKE PINES FL 33025 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete DEBORAH DIECKMANN	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHERI OQUIST <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHERI OQUIST 9750 SW 13 STREET PEMBROKE PINES FL 33025 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]* **DATE** 8/31/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)

Attachment Joe # P95000026772

9750 SW 13 STREET
PEMBROKE PINES, FL 33025
Tel 305-823-9292 - Fax 305-824-0703

800 63993

M RAD, INC., INC.

August 31, 2001

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

REF: ANNUAL REPORT: YEAR 2001

M RAD, INC.

DOC # P95000026772

Dear Stacy,

AS PER OUR CONVERSATION, WE NEVER RECEIVED AN
ANNUAL REPORT DUE TO WRONG ADDRESS. PLEASE NOTE HIS NEW ADDRESSES
IN ATTACHED ANNUAL REPORT AND CHANGE OF MAILING ADDRESS AS PER
YOUR INSTRUCTIONS.

WE ARE REPECTFULLY REQUESTING THAT THE DIVISION OF
CORPORATIONS ACCEPT THE ORIGINAL \$ 150.00 IN PAYMENT OF ANNUAL
REPORTS AS YOU REQUESTED.

THANKING YOU IN ADVANCE FOR YOUR UTMOST CONSIDERATION.

Sincerely,



CHERI OQUIST
DIRECTOR

CHERI OQUIST REGISTERED AGENT