

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

DOCUMENT # P95000026772

1. Entity Name

M RAD, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9750 SW 13 STREET

3. Mailing Address
6163 MIAMI LAKES DRIVE EAST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PEMBROKE PINES, FL

City & State
MIAMI LAKES, FL

Zip
33025

Country
BROWARD

Zip
33014

Country
MIAMI-DADE

4. FEI Number
65-0625269

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
EDWARD GARCIA, INC.

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

6163 MIAMI LAKES DRIVE EAST

City
MIAMI LAKES

FL

Zip Code
33014

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

Edward Garcia

9/20/02

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) ☒

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

DIRECTOR
GARY ZEIK
1681 NW 93 AVENUE PLANTATION, FL 33322

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DIRECTOR
CHERI OQUIST
9750 SW 13 STREET Pembroke Pines Fl 33025

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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:

Gary Zeik

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/20/02

Date

305-823-9292

Daytime Phone #

APPROVED
AND
FILED

02 SEP 23 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-10/03/02--01001--001

****158.75 ****158.75

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

6163 MIAMI LAKES DRIVE EAST
MIAMI LAKES, FL 33014
Tel 305-823-9292 - Fax 305-824-0703

ASSOCIATED TAX CONSULTANTS, INC.

September 20, 2002

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

REF: ANNUAL REPORT: YEAR 2002
M RAD, INC.
DOC # P95000026772

Dear Tyröme,

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

WE ARE REPECTFULLY REQUESTING THAT THE DIVISION OF
CORPORATIONS ACCEPT THE \$ 150.00 IN PAYMENT OF THE ANNUAL
REPORT AND \$ 8.75 FOR CERTIFICATE OF STATUS AS REQUESTED.
THANKING YOU IN ADVANCE FOR YOUR UTMOST CONSIDERATION.

Sincerely,



Edward Garcia, BBA, EA
PRESIDENT

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)532-5973

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. ASSOCIATED TAX CONSULTANTS, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☐ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

RECEIVED
02 SEP 23 AM 10:33
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input checked="" type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials