

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

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90042 034 ***150.00

DOCUMENT # P95000057667

1. Entity Name

M.L.B. Business Co.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3600 N.W. 37 SCourt

Suite, Apt. #, etc.

3. Mailing Address

3600 N.W. 37 Court

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33142

Country

USA

Zip

33142

Country

USA

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name
Moshe Cohen

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

3600 N.W. 37 Court

City

Miami

FL

Zip Code

33142

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D
Moshe Cohen
3600 N.W. 37 Court
Miami, Florida 33142**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D
Liat Manor
3600 N.W. 37 Court
Miami, Florida 33142**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Moshe Cohen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/04

Date

Daytime Phone #

CR2E034B (12/02)