

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

M. S. B. Imports, INC d/b/a Black Lenet

Principal Place of Business

1855 Griffin Rd A-316
Dania Beach, FL 33004

Mailing Address

1855 Griffin Rd A-316
Dania Beach, FL 33004

2. Principal Place of Business

Same as above

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0627018

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Marilyn Black
1800 N.E. 114th St.
#1005
No. Miami FL 33181

Name

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

City

FL

Zip Code

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, 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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Secretary
NAME Black, Marilyn
STREET ADDRESS 1800 NE 114th St, Apt 1005
CITY-ST-ZIP No. Miami FL 33181

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DP
NAME Black, Michael S.
STREET ADDRESS 787 NE 82nd Terr.
CITY-ST-ZIP Miami, FL

☐ Delete

TITLE DP
NAME Michael S. Black
STREET ADDRESS 1523 West Ave #101
CITY-ST-ZIP Miami Beach, FL 33139

☒ Change ☐ Addition

TITLE VP
NAME Melville C. Lenet
STREET ADDRESS 1125 West Ave #703
CITY-ST-ZIP Miami Beach, FL 33139

☐ Delete

TITLE VP
NAME Melville C. Lenet
STREET ADDRESS 6865 Bny Dr #11
CITY-ST-ZIP Miami Beach, FL 33141

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

M. Lenet Melville C. Lenet

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/2001

Date

305-724-7625

Daytime Phone #

CR2E034 (11/00)