

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State
03-24-2002 90063 009 ***150.00

01/26/01 4V

DOCUMENT # P95000085861

1. Entity Name
MSB IMPORTS, INC.

Principal Place of Business

1855 GRIFFIN RD A-316
DANIA FL 33004
US

Mailing Address

1855 GRIFFIN RD A-316
DANIA FL 33004
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1855 Griffin Road
Suite, Apt. #, etc.
C-328

3. Mailing Address

1855 Griffin Road
Suite, Apt. #, etc.
C-328

City & State
Dania Beach, FL

Zip **33004** **Country** **USA**

City & State
Dania Beach, FL

Zip **33004** **Country** **USA**

4. FEI Number **65-0627018**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MARILYN BLACK
1800 N.E. 114TH ST.
APT. 1005
NO. MIAMI FL 33181

7. Name and Address of New Registered Agent

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

DATE **3/5/02**

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, 2002 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

TITLE	D <input type="checkbox"/> Delete
NAME	BLACK, MARILYN
STREET ADDRESS	1800 NE 114 ST, APT 1005
CITY-ST-ZIP	N MAIMI FL
TITLE	DP <input type="checkbox"/> Delete
NAME	BLACK, MICHAEL S.
STREET ADDRESS	1523 WEST AVE 101
CITY-ST-ZIP	MIAMI FL 33139
TITLE	VP <input type="checkbox"/> Delete
NAME	LENET, MELVILLE C
STREET ADDRESS	6865 BAY DR #11
CITY-ST-ZIP	MIAMI BEACH FL 33141
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

Date **954-929-5882**
Daytime Phone #

CR2E034 (9/01)