

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000043902**1. Entity Name
MIKBAH ENTERPRISES, INC.**FILED**
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91353 043 ***150.00

0122962

Principal Place of Business

1323 S DOXOE JWU
PO Box 33060
US

Mailing Address

1323 S DIXIE HWY
POMPANO BCH FL 33060
US

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 **65-0668388**Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARSH, ROBERT T.
4311 CRYSTAL LAKE DRIVE, #312
POMPANO BEACH FL 33064Name **Robert T Marsh**
Street Address (P.O. Box Number is Not Acceptable)
1323 S DIXIE HWYCity **Pompano Beach** **FL** Zip Code **33060**

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 **Robert T. Marsh**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/15/2001
DATE9. 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 State10. 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 **D** ☐ Delete
NAME **MARSH, ROBERT T.**
STREET ADDRESS **4311 CRYSTAL LAKE DRIVE, #312**
CITY-ST-ZIP **POMPANO BEACH FL 33064**TITLE **D** ☐ Change ☐ Addition
NAME **MARSH Robert T.**
STREET ADDRESS **1323 S. Dixie Hwy.**
CITY-ST-ZIP **Pompano Beach FL 33060**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ 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: **Robert T. Marsh**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-784-5579

CR2E034 (10/00)