

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000069016

1. Entity Name

MAD-HIL ENTERPRISES, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90050 031 \*\*\*150.00

Principal Place of Business 3116 N. FEDERAL HWY. UNIT 192 LIGHTHOUSE POINT FL 33064-6738 US	Mailing Address 3116 N. FEDERAL HWY. UNIT 192 LIGHTHOUSE POINT FL 33064-6738 US
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2. Principal Place of Business 543 N.E. 26 <sup>th</sup> CT. Suite, Apt. #, etc.	3. Mailing Address 2375 E. TROPICANA AVE Suite, Apt. #, etc. UNIT 304
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City & State Pompano Beach, FL	City & State Las Vegas, NV
Zip 33064	Zip 89119-6564
Country USA	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0687716	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CURRY, RANDALL S 3116 N. FEDERAL HWY. UNIT 192 LIGHTHOUSE POINT FL 33064
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 543 N.E. 26 <sup>th</sup> CT. City Pompano Beach FL Zip Code 33064
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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 	RANDALL S. CURRY (NOTE: Registered Agent signature required when reinstating)	4-20-00 DATE
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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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	D CURRY, RANDALL S 3116 N. FEDERAL HWY., UNIT 192 LIGHTHOUSE POINT FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 543 NE 26 CT. Pompano Beach, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 	RANDALL S. CURRY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4-20-00 Date	 Daytime Phone #
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CR2E034 (9/99)