

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

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90073 028 ***150.00

DOCUMENT # P97000065633

1. Entity Name

The Machinery Center, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10100 W. Sample Rd.

Suite, Apt. #, etc.

201

3. Mailing Address

10100 W. Sample Rd.

Suite, Apt. #, etc.

201

DO NOT WRITE IN THIS SPACE

City & State

Coral Springs, FL

City & State

Coral Springs, FL

4. FEI Number

650774116

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Richard Sohn

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

10100 W. Sample Rd. Ste. 201

City:

Coral Springs

FL

Zip Code

33065

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 of officer or director)

(NOTE: Registered Agent signature required when reinstating)

DATE

5/7/02

**9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.**
(See criteria on back) ☐

January 1 - May 1: Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Richard Sohn
10100 W. Sample Rd. Ste. 201
Coral Springs FL 33065

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
Richard Todd
10100 W. Sample Rd. Ste 201
Coral Springs, FL 33065

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other lines completed.

SIGNATURE:

(Signature of officer or director)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E0345 (12/01)