

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 8970000 69777

1. Entity Name

STEPHEN MAHLE, P.A.

Principal Place of Business

2424 N. Federal Hwy  
#314  
Boca Raton FL

Mailing Address

FILED  
May 22, 2001 8:00 am  
Secretary of State

05-22-2001 90007 049 \*\*\*150.00

2. Principal Place of Business

2424 N. Federal Hwy

3. Mailing Address

2424 N. Federal Hwy

Suite, Apt. #, etc.

#314

City & State

Boca Raton FL

City & State

Boca Raton FL

Zip

33431

Zip

33431

Country

USA

Country

USA

4. FEI Number

650820989

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FLINGS, Inc.  
3732 NW 16TH ST  
FT. Lauderdale FL 33311-4132

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

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 President  
NAME STEPHEN MAHLE  
STREET ADDRESS 2424 N. Federal Hwy #314  
CITY-ST-ZIP BOCA RATON, FL 33431

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

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Delete

TITLE  
NAME  
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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:

STEPHEN MAHLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/01 561-392-4300

Daytime Phone #

CR2E034 (11/00)