

850-87-6013

10/30/01 07:05 Fl. Dept. of State p1 /2

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000075678**

1. Entity Name

MOST ENTERPRISES, INC.

Principal Place of Business

13730 NW 6TH COURT
NORTH MIAMI FL 33168
US

Mailing Address

Evan Plotka, Esq.
STEPHEN RAKUSIN, P.A.
1 East Broward Boulevard
Suite 1111
Fort Lauderdale, FL 33301
U.S.A.

2. Principal Place of Business

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0781143**

Applied For

Not Applicable

5. 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

SHELDON EVANS, P.A.
6175 NW 153RD ST
STE 312
MIAMI LAKES FL 33014Evan Plotka, Esq.
STEPHEN RAKUSIN, P.A.
1 East Broward Boulevard
Suite 1111
Fort Lauderdale, FL 33301
U.S.A.

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

10/30/01

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE CP ☐ Delete
NAME MOONEY, MICHAEL F
STREET ADDRESS 13730 NW 6 CT
CITY-ST-ZIP N. MIAMI FL 33168TITLE CPST ☐ Delete
NAME STELZER, MARC I
STREET ADDRESS 13730 NW 6 CT
CITY-ST-ZIP N. MIAMI FL 33168TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(f), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90003 042 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)