

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90362 020 ***150.00

DOCUMENT # P98000045856

1. Entity Name

MAD MODS, INC.

Principal Place of Business

**5615 RODMAN ST
 BAY A
 HOLLYWOOD FL 33023**

Mailing Address

**5615 RODMAN ST
 BAY A
 HOLLYWOOD FL 33023**

2. Principal Place of Business

5613 Funston St.

3. Mailing Address

5613 Funston St.

Suite, Apt. #, etc.

Hollywood FL

Suite, Apt. #, etc.

Hollywood FL

City & State

City & State

Zip

33023

Country

USA

Zip

33023

Country

USA

4. FEI Number

65-0844060

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

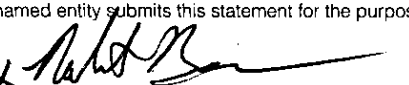
6. Name and Address of Current Registered Agent

**SKELTON, RAYMOND J
 12164 SW 51ST CT
 COOPER CITY FL 33330**

7. Name and Address of New Registered Agent

Name **Robert Bauman**
 Street Address (P.O. Box Number is Not Acceptable)
5613 Funston St.
 City **Hollywood** FL Zip Code **33023**

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 

(NOTE: Registered Agent signature required when reinstating)

DATE

4-11-02

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, 2002 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

TITLE **VPD** ☐ Delete
 NAME **COHEN, MICHAEL**
 STREET ADDRESS **17001 SW 163RD MANOR**
 CITY-ST-ZIP **FT LAUDERDALE FL 33331**

TITLE **PD** ☐ Delete
 NAME **BAYMAN, ROBERT**
 STREET ADDRESS **12621 SW 7TH CT**
 CITY-ST-ZIP **FT LAUDERDALE FL 33025**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
Bauman, Robert ☒ Change ☐ Addition

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-02

CR2E034 (9/01)