2000س	UNI	FORM ROSI	NESS REPU	KI (U	BK)		e la se		ok'	
	OCUMENT # P98000051460 Entity Name						FILED			>
MOBI CENTER INTERNATIONAL U.S.A., INC.							00 JUL 27 AM 8:	30		
Principal Plac	e of Busines:	s	Mailing Address			,	SECRETARY OF STA TALLAHASSEE, FLOR	TE IDA		
20 <u>40 NF 155TH STREE</u> T NORTH MIAMI BEACH FL US ->			2000 ISLAND BLVD. #9905 > AVENTURA FL 33180.			THE PALLAFIAGOLIA,				
2. Principal P			3 Mailing Address	ns Av	-#10 I					
Suite, Apt. #, etc.			Suite, Apt. #, etc.		•	02/	01/00-90137-	012-\$1	50.00	
MIAMI Seach FL			MIAMI Brack FZ			_	Number 65-0852486	Ar	pplied For ot Applicable	
Zip 33 14 ·	<u></u>	Country	33140	Country いら や			tificate of Status Desired	\$8.75 Add Fee Require		
	bName	and Address of Current R	agistered Agent	Nan	NAR		Sadown			
SADOUN, DAVID 3000 ISLAND BLVD						.Q. QQ X	Number is Not Acceptable)			
- 97E -		4	≠ 10	<u>J</u>						
√ AVL	ntura fl	3316 0		City		کوم ا	ch 1	FL Zig Cod	140	
8. The above	named entity	y submits this statement for	the purpose of changing its			ed agent	, or both, in the State of Florida.			
SIGNATURE .							71	_ 00/r		
SIGNATORE.	Signature, typed	or printed name of registered agent ar	d title if applicable. (NOTE	: Registered Agent s	signature required v	when reinsta	ating) DA	TE .		
Tax filing r	-	ible to satisfy its Intangible and elects to do so.	FILE NOW! After SEPTEMBER 1: Make Check Payab		will be \$750.	.00	 Election Campaign Financing Trust Fund Contribution. 		0 May Be I to Fees	
11.		OFFICERS AND D	DIRECTORS	12.		ADDI	TIONS/CHANGES TO OFFICERS	AND DIRECTOR		=
TITLE NAME	S SADOUN	ר איינוים	Delete	TITLE NAME				☐ Change	Addition	2/00
STREET ADDRESS CITY-ST-ZIP	3000 ISL	AND BLVD, STE 906 RA FL 33160	,	STREET ADDR	ESS				!	CR2E034 (5/00)
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NAME STREET ADDRESS	SADOUN 3000 ISL	i, marie AND BLVD , STE 906 -	A STATE OF THE STATE OF THE STATE OF	NAME 		00	Collins AV Beach FL 3	3.01.°) ·	-
CITY-ST-ZIP	-AVENTU	RA FL 33160-		CITY-ST-ZIP	MIT	4WI	Beach FC 3		■ # ##################################	
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NAME Street address				NAME STREET ADDR	FSS					
CITY-ST-ZIP				CITY-ST-ZIP						
TITLE		· · · · · · · ·	☐ Delete	TITLE			,	☐ Change	Addition	
NAME				NAME						
STREET ADDRESS CITY-ST-ZIP				STREET ADDR	£99.					
13. I hereby o	ertify that the	e information supplied with t	his filing does not qualify for	the exemption	stated in Sec	ction 119	0.07(3)(i), Florida Statutes. I furthe	r certify that the in	nformation	
indicated	on this repor	rt or supplemental report is t	rue and accurate and that n	ny signature sh	all have the s	ame leg:	al effect as if made under oath; th Statutes; and that my name appea	at I am an officer	or director	

SIGNATURE REQUIRED
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

7/17/00 305-867-3348

MOYAL & ASSOCIATES, INC.

82 N. University Drive

Pembroke Pines, Florida 33024 Telephone: (954)430-3930 Fax:(954)430-3939 Email: PMOYAL@MSN.COM 7%

Date: July 18, 2000

TO: DIVISION OF CORPORATIONS

UNIFORM BUSINESS REPORTS FILINGS

PO BOX 1500

TALLAHASSEE, FL 32302-1500

RE: MOBI CENTER INTERNATIONAL USA, INC.

DOC#P98000051460

To Whom It May Concern:

The attached is copy of our application 2000 UNIFORM BUSINESS REPORT for the above referenced company. MOBI CENTER INTL is our client.

A telephone conversation with your agency indicated that you are missing some information and that notices were *not* sent because no address was available. The attached is a copy of our recent application renewal with check numbered 1104 date 01/25/00 which was received and cashed. The application clearly shows a change of address. Please note the change of address and change your records accordingly. All future notices and application renewals should be forwarded to the following address:

5600 COLLINS AVENUE - # 10, MIAMI BEACH, FL 33140

If you have any questions, please call our office between 8 am & 5 pm Monday thru Friday.

Thank you, in advance, for your attention to this matter.

Sincerely,

MOYAL & ASSOCIATES, INC.

Patrick Moyal, Accountant