

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90098 012 ***150.00

DOCUMENT # P99000022106

Entity Name

MISPAR CORPORATION

Principal Place of Business

17221 NE 11TH AVE
 MIAMI BEACH FL 33162

Mailing Address

17221 NE 11TH AVE
 N MIAMI BEACH FL 33162-2615



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0902109

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

SIAMA, ISHAK
 17221 NE 11TH AVE
 N MIAMI BEACH FL 33162

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	SIAMA, ISHAK	
STREET ADDRESS	17221 NE 11TH AVE	
CITY-ST-ZIP	N MIAMI BEACH FL 33162	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SIAMA, RACHEL	
STREET ADDRESS	17221 NE 11TH AVE	
CITY-ST-ZIP	N MIAMI BEACH FL 33162	
TITLE	S	<input type="checkbox"/> Delete
NAME	SIAMA, HAIM	
STREET ADDRESS	2440 N.E. 200 ST.	
CITY-ST-ZIP	N.M.B. FL. 33129	
TITLE	T	<input type="checkbox"/> Delete
NAME	SELA, AVIVA	
STREET ADDRESS	3350 N.E. 192 ST. # 82N	
CITY-ST-ZIP	AVNTORA FL. 33380	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIAMA, DROR	
STREET ADDRESS	17221 NE 11 AVE	
CITY-ST-ZIP	N.M.B. FL. 33162	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 #

CR2E034 (9/99)