

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000047700

1. Entity Name

MID-ATLANTIC ENTERPRISES, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90113 006 ***150.00

Principal Place of Business

6901 CYPRESS ROAD (#18D)
 PLANTATION FL 33317

Mailing Address

6901 CYPRESS ROAD (#18D)
 PLANTATION FL 33317-2374

2. Principal Place of Business

6901 CYPRESS Rd. 18D

3. Mailing Address

Suite, Apt. #, etc.
 PLANTATION, FL

City & State

Zip 33317

Country USA

City & State

Zip 33317

Country USA

4. FEI Number

65-0923997

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

PETRICS, ISTVAN
 6901 CYPRESS ROAD (#18D)
 PLANTATION FL 33317

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

[Signature] ISTVAN PETRICS 4/29/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/T I/S I/S
 NAME ISTVAN PETRICS
 STREET ADDRESS 6901 CYPRESS Rd. 18D.
 CITY-ST-ZIP PLANTATION, FL 33317 ☐ Delete

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 #

[Signature] ISTVAN PETRICS 4/29/2000 677-8383 (954)

CR2E034 (9/99)