

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000082422**

1. Entity Name

MRS CAPITAL, INC.**FILED**
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90215 046 ***150.00

Principal Place of Business

Mailing Address

4601 N. HWY. 19A
MT. DORA FL 32757**4601 N. HWY. 19A**
MT. DORA FL 32757

700000

2. Principal Place of Business

3. Mailing Address

2763 W. 260 U.S. HWY 441
Suite, Apt. #, etc.**2763 W. 260 U.S. HWY 441**
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

MT. DORA FL**MT. DORA FL**

Zip

Country

Zip

Country

32757**USA****32757****USA**

4. FEI Number

59-3596804

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

FRIEDLAND, STELLA
4601 N. HWY. 19A
MT. DORA FL 32757

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **FINK, MARAT**
STREET ADDRESS **4601 N. HWY. 19A**
CITY-ST-ZIP **MT. DORA FL 32757**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **CEOD**
STREET ADDRESS **FRIEDLAND, ROD**
CITY-ST-ZIP **4601 N. HWY. 19A**
MT. DORA FL 32757TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **TSD**
STREET ADDRESS **FRIEDLAND, STELLA**
CITY-ST-ZIP **4601 N. HWY. 19A**
MT. DORA FL 32757TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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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)(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 #

4/26/01 (407) 448-9719

CR2E034 (10/00)