

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90115 005 ***150.00

DOCUMENT # P990000098442

1. Entity Name

MindDabblers, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.
124 nw 10th st

City & State
Boca Raton FL

Zip
33432

Country
USA

3. Mailing Address

124 nw 10th st

Suite, Apt. #, etc.

City & State
Boca Raton FL

Zip
33432

Country
USA

4. FEI Number

65-0951679

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name Aviel Alkon

Street Address (P.O. Box Number is Not Acceptable)
124 nw 10th st

City Boca Raton

FL

Zip Code
33432

**DO NOT WRITE
IN THIS SPACE**

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 Aviel Alkon CIO

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-2-2002

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$350.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP | <u>P</u> <u>Shawna Alkon</u> <u>124 nw 10th st</u> <u>Boca Raton FL 33432</u> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>V</u> <u>Aviel Alkon</u> <u>124 nw 10th st</u> <u>Boca Raton FL 33432</u> |
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-2002

DATE

561-376-1177

DAYTIME PHONE #

CR20348 (12/01)