

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000099792

1. Entity Name

~~INDEPENDENT REFERRAL SERVICE INC.~~  
MLS GLOBAL, INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90145 037 \*\*\*150.00

Principal Place of Business

Mailing Address

~~405 NORTH OCEAN BOULEVARD #121~~  
POMPANO BEACH FL 33062

~~405 NORTH OCEAN BOULEVARD #121~~  
POMPANO BEACH FL 33062

2. Principal Place of Business

3. Mailing Address

405 NORTH OCEAN BLVD.

405 NORTH OCEAN BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#121

#121

City & State

City & State

POMPANO BEACH FL

POMPANO BEACH FL

Zip

Country

Zip

Country

33062

USA

33062

USA

4. FEI Number

65-0960922

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

~~CORPORATION SERVICE COMPANY~~  
~~1201 HAYS STREET~~  
~~TALLAHASSEE FL 32301-2525~~

Name

GRETA MACHLIN

Street Address (P.O. Box Number is Not Acceptable)

405 N. OCEAN BLVD APT 121

City

POMPANO BEACH

FL

Zip Code

33062

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 *Greta Machlin* GRETA MACHLIN

(NOTE: Registered Agent signature required when reinstating)

DATE

4/16/00

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	D	<input checked="" type="checkbox"/> Delete
NAME	MACHLIN, GRETA	
STREET ADDRESS	405 NORTH OCEAN BOULEVARD #121	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PST	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MACHLIN GRETA	
STREET ADDRESS	405 NORTH OCEAN BLVD., #121	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Greta Machlin* GRETA MACHLIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/00

Date

954-942-0557

Daytime Phone #

CR2E034 (9/99)