200	UNIFORM BUS	NESS REPO	RT (U	BR)					
DOCUMENT # P99000102499					05-23-2001 90516 001 ***150.00 05-23-2001 90516 002 ***150.00 FILEU SEURETARY OF STATE P99000102449 SEURETARY OF STATE P99000102449 SEURETARY OF CORPORATIONS				
, r	MOLA HOLDIN	GS, INC.			AIVISION OF COR	RPORALIUMS			
Principal Place of Business Mailing Address					OI JUN 12 AM 11:52				
54	OO NW 21ST TEN	•			.				
FORT LOWDENDACE, FZ 33309									
Principal Phace of Business 3. Mailing Address						736	n e		
5400 NW 21ST TERM									
Suite, Apr	t. #, etc.	Suite, Apt. #, etc.			DO NOT	WRITE IN THIS SPA	ACE		
City & State FORT LAUD ERDALE TZ City & State				4.	FEI Number 65-0966	363		plied For It Applicable	
Zip Country Zip Zip		Zip	Country		. Certificate of Status Desir	ed 🗆 \$8	3.75 Add	litional	
355	6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent Name:					
GOLDSTEIN, WHICK B			Street Address (P.O. Box Number is Not Acceptable)						
2700 NMILITARY TRAIL				ei Address (P.U.	Box Number is Not Accept				
SUITE 2200						E . [Zip Code		
BOWN PATON: PL 3343 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its agistered office or registered agent, or both, in the State of Florida.									
a. The above	e hamed entity submits this statement for	the purpose of changing its	still stelled over	e or registered a	igent, or both, in the state o	i i igiloa.			
SIGNATURE	Egnature, typed or probled name of registered agent an	d title if applicable. (NOTE	Registered Agent 6	gnature required when	reinstating)	DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After MAY 1, 20				<u>i.</u> •	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
<u></u>	ria on back)	Make Check Payabi	to Departu	7.	DDITIONS/CHANGES TO			_ ~	
TITLE	OFFICERS AND D	Delete	TITLE		DOMINIA/CHANGES TO		Change		
NAME STREET ADDRESS	SARIZO, MATTHEN 5400 NW 21ST TERRITORE			NAME STREET ADDRESS CHANGE STREET ADDRESS STREET AD					
CITY-ST-ZIP	FORT CHUDENPACE	FC 33309	CITY-ST-ZIP	= 40c	siess com			OSCE034 (11/00)	
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STREET ADDRESS	5400 NW 215T TENTE	act.	STREET ADDRE	ss					
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NAME STREET ADDRESS			NAME STREET ADDRES					Į	
CITY-ST-ZIP			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 m 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 is trequired 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: 95 00 00 00 1 954 772-1122									
~:~!4\\	ORE.		DIRECTOR			200			