

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

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90158 048 \*\*\*150.00

DOCUMENT #P99000106485

1. Entity Name

MAB Imports, Inc.

**DO NOT WRITE IN THIS SPACE**

654802

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1580 Sawgrass Corp. Parkway

Suite, Apt. #, etc.

Suite 130

City & State

Sunrise, FL

3. Mailing Address

11450 N.W. 21 Ct.

Suite, Apt. #, etc.

City & State

Plantation, FL

4. FEI Number

65-0998438

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Miguel A. Bernal, Jr.

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

11450 N.W. 21 Ct.

City

Plantation

FL

Zip Code

33323

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 reappointing)

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 Fees: \$150.00

After May 1, Fee is \$50.00

Amended UBR is \$81.25

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

President  
Miguel A. Bernal, Jr.

11450 NW 21 Ct.

Plantation, FL 33323

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**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

Miguel A. Bernal, Jr.

DATE

Daytime Phone #

4/23/02 (954) 520-7888

CR2E034B (12/01)