

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/10/01-90123-026-\$150.00-\$150.00

*Blair*

DOCUMENT # P 990001104.60

1. Entity Name

HADAS INC ✓

FILED

01 MAY 24 PM 1:36

0045205 SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

c/o Realty Office  
3130 N. Pine Island RD  
SUNRISE, FL 33351

Principal Place of Business 3. Mailing Address

3130 N. Pine Island RD  
Suite, Apt. #, etc. c/o Realty Office

DO NOT WRITE IN THIS SPACE

City & State City & State

SUNRISE, FL

4. FEE Number See attached Applied For Not Applicable

Zip 33351 Country Broward

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

Nancy MANGEL  
3130 N. Pine Island RD  
SUNRISE, FL 33351

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 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
P3 morelekhay MANGEL 3130 N. Pine Island RD SUNRISE, FL 33351	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 3  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/01 954-474-3624  
Date Daytime Phone

CR2E034 (11/00)

Form **SS-4****Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003

Department of the Treasury  
Internal Revenue Service

► Keep a copy for your records.

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) <b>HADAS INC</b>	
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name
	4a Mailing address (street address) (room, apt., or suite no.) <b>3130 N. PINE ISLAND ROAD</b>	5a Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code <b>SUNRISE, FL 33351</b>	5b City, state, and ZIP code
	6 County and state where principal business is located <b>BROWARD COUNTY, FLORIDA</b>	
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ► <b>MORDEKHAY MANGEL</b>	

**8a Type of entity (Check only one box.) (see instructions)****Caution:** If applicant is a limited liability company, see the instructions for line 8a.

- ☐ Sole proprietor (SSN) 59317716195
☐ Estate (SSN of decedent) \_\_\_\_\_
- ☐ Partnership
 ☐ Personal service corp.
 ☐ Plan administrator (SSN) \_\_\_\_\_
- ☐ REMIC
 ☐ National Guard
 ☐ Other corporation (specify) ► \_\_\_\_\_
- ☐ State/local government
 ☐ Farmers' cooperative
 ☐ Trust
- ☐ Church or church-controlled organization
 ☐ Federal government/military
- ☐ Other nonprofit organization (specify) ► \_\_\_\_\_ (enter GEN if applicable)
- ☒ Other (specify) ► General CORPORATION

**8b** If a corporation, name the state or foreign country (if applicable) where incorporated

State	Foreign country
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**9** Reason for applying (Check only one box.) (see instructions)

☒ Started new business (specify type) ► REAL ESTATE INVESTMENTS
☐ Banking purpose (specify purpose) ► \_\_\_\_\_

☐ Changed type of organization (specify new type) ► \_\_\_\_\_

☐ Purchased going business

☐ Created a pension plan (specify type) ► \_\_\_\_\_

☐ Created a trust (specify type) ► \_\_\_\_\_

☐ Other (specify) ► \_\_\_\_\_

**10** Date business started or acquired (month, day, year) (see instructions)  
**12/29/1999**

**11** Closing month of accounting year (see instructions)  
**DECEMBER**

**12** First date wages or annuities were paid or will be paid (month, day, year). **Note:** If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ► **N/A**

**13** Highest number of employees expected in the next 12 months. **Note:** If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) ►

Nonagricultural	Agricultural	Household
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**14** Principal activity (see instructions) ► **REAL ESTATE INVESTMENTS**

**15** Is the principal business activity manufacturing? ☐ Yes ☒ No

If "Yes," principal product and raw material used ► \_\_\_\_\_

**16** To whom are most of the products or services sold? Please check one box.

☒ Public (retail)
 ☐ Other (specify) ► \_\_\_\_\_
 ☐ Business (wholesale)
 ☐ N/A

**17a** Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No

**Note:** If "Yes," please complete lines 17b and 17c.

**17b** If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ► \_\_\_\_\_ Trade name ► \_\_\_\_\_

**17c** Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year) City and state where filed Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) ► **MORDEKHAY MANGEL**Business telephone number (include area code)  
(954) 474-3624Fax telephone number (include area code)  
(954) 749-8905

Signature ►

Date ►

**Note:** Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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