

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S78482

1. Entity Name

MIAMI LIQUIDATION SERVICES INC.

FILED

May 31, 2000 8:00 am
Secretary of State

05-31-2000 90055 015 ***150.00

Principal Business

2. Principal

Suite, Apt. #, etc.

City & State

Zip

County

3. Mailing

Suite, Apt. #, etc.

City & State

Zip

County



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0280257

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

GOMBERG, LEON
9500 NW 79 AVE. #8
HIALEAH GARDENS FL 33016

New Address
M.L.S. Inc.
20416 N.E. 16th Pl.
North Miami Beach, FL 33179
(305) 556-8888

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, 2000 Fee will be \$550.00
Make Check Payable to Department

10. Election Campaign Financing
Tax Fund Contribution

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12.

TITLE D
NAME GOMBERG, LEON
STREET ADDRESS 9500 NW 79 AVE. #8
CITY-ST-ZIP HIALEAH GARDENS FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME GOMBERG, DEBBIE
STREET ADDRESS 9500 NW 79 AVE. #8
CITY-ST-ZIP HIALEAH GARDENS FL

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13. DIRECTORS IN 11

Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)