

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 19, 2000 8:00 am
Secretary of State

06-19-2000 90003 044 ***550.00

DOCUMENT # 532394

1. Entity Name
MIDDLE EAR, INC.

Principal Place of Business
c/o Richard Ashby
1801 Bay Road
Miami Beach, FL 33139

Mailing Address
c/o Richard Ashby
1801 Bay Road
Miami Beach, FL 33139

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-2166912

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

ASHBY, RICHARD
1801 BAY ROAD
MIAMI BEACH, FL 33139

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, 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	PD	<input type="checkbox"/> Delete
NAME	GIBB, BARRY	
STREET ADDRESS	1801 BAY ROAD	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ASHBY, RICHARD	
STREET ADDRESS	1801 BAY ROAD	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GIBB, MAURICE	
STREET ADDRESS	1801 BAY ROAD	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GIBB, ROBIN	
STREET ADDRESS	1801 BAY ROAD	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
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:

Richard C. Ashby

Richard C. Ashby

May 25, 2000 305-672-2390

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)