

2002 UNIFORM BUSINESS REPORT (UBR)

3/ **FILED**
Apr 24, 2002 8:00 am
Secretary of State

03-26-2002 90060 031 ***150.00

DOCUMENT # 835146
 1. Entity Name
MICHIGAN DRILL CORPORATION

Principal Place of Business 8405 N.W. 66 ST. MIAMI FL 33166-2630 US	Mailing Address 8405 N.W. 66 ST. MIAMI FL 33168-2630 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip*	Country	Zip	Country

4. FEI Number 38-1852624	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent

BOBROFF, JERRY B
8405 NW 66 STREET
MIAMI FL 33168

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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

TITLE	VTD	<input type="checkbox"/> Delete
NAME	ASH, HYMAN	
STREET ADDRESS	RR2 P O BOX 9902	
CITY-ST-ZIP	KINGSHILL ST-CROIX VI 00850	
TITLE	PDS	<input type="checkbox"/> Delete
NAME	KANDARIAN, RICHARD	
STREET ADDRESS	RR2 P O BOX 9902	
CITY-ST-ZIP	KINGSHILL ST-CROIX VI 00850	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	STEVEN, KRINGOLD	
STREET ADDRESS	8405 NW 66 ST	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE	AS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JERRY B. BOBROFF	
STREET ADDRESS	8405 NW 66TH ST.	
CITY-ST-ZIP	MIAMI FL 33166	
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		

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: _____ DATE: **3-8-02** DAYTIME PHONE #: **305-592-7777**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (9/01)