**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 11, 2002 8:00 am DOCUMENT # H60913 **Secretary of State** 1. Entity Name 02-11-2002 90085 018 \*\*\*150.00 MICHELSON DEVELOPMENT CORP. Principal Place of Business Mailing Address 150 S-PINE ISLAND RD 150 S PINE ISLAND RD STF 110 PLANTATION FL 33324 PLANTATION FL 33324 2. Principal Place of Business 3. Mailing Address 16500 S. Post Road 16500 S. Post Road Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Apt. 103 Apt. 103 City & State City & State Applied For FEI Number 59-2549062 Weston, FL Weston, FL Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33331 Fee Required <u>33331</u> 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Michelson, Edward MICHELSON, EDWARD Street Address (P.O. Box Number is Not Acceptable) 16500 S. Post Road 150 S PINE ISLAND RD **STE 110** Apt. 103 PLANTATION FL 33324 Zip Code City FL Weston 33331 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. (9/01) TITLE **DPT** ☐ Delete TITLE DPT G Change ☐ Addition NAME MICHELSON, EDWARD A. NAME Michelson, Edward CR2E034 STREET ADDRESS STREET ADDRESS 150 S PINE ISLAND RD STE 110 16500 S. Post Road, Apt. 103 CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 Weston, FL 33331 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME MICHELSON, ROGER Michelson, Roger STREET ADDRESS STREET ADDRESS 150 S PINE ISLAND RD STE 110 16500 S. Post Road, Apt. 103 CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 Weston, FL 33331 ☐ Delete TITLE □ Change ☐ Addition TITLE ·DV. . .... ... ... NAME MICHELSON, BRUCE NAME Michelson, Bruce STREET ADDRESS STREET ADDRESS 150 S PINE ISLAND RD STE 110 16500 S. Post Road, Apt. 103 CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 Weston, FL 33331 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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

**SIGNATURE:** 

changed, or on an attachment with an address

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

all other I

empowered.