

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M27390

1. Entity Name
MITCHELL INTERNATIONAL, INC.

R

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90059 014 ***150.00

Principal Place of Business

P.O. BOX 820515
SOUTH FLORIDA FL 33082

Mailing Address

P.O. BOX 820515
SOUTH FLORIDA FL 33082

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-2639334

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TJIN A DJIE, MITCHELL BRYON
16427 ERIE PLACE
DAVIE FL 33331

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 P
NAME TJIN A DJIE, MITCHELL B.
STREET ADDRESS 16427 ERIE PLACE
CITY-ST-ZIP DAVIE FL 33331 ☐ Delete

TITLE TD
NAME TJIN A DJIE, STEVEN
STREET ADDRESS 16427 ERIE PLACE
CITY-ST-ZIP DAVIE FL 33331 ☐ Delete

TITLE VP
NAME TJIN A DJIE, VINCENT
STREET ADDRESS 16427 ERIE PLACE
CITY-ST-ZIP DAVIE FL 33331 ☐ Delete

TITLE S
NAME TJIN A DJIE, MILTON
STREET ADDRESS 16427 ERIE PLACE
CITY-ST-ZIP DAVIE FL 33331 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

TJIN A DJIE, MITCHELL BRYON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 09-01-00 (954) 680-3866

CR2E034 (5/00)

A0077687



DO NOT WRITE IN THIS SPACE

Attachment
M27390
A0077687

DEAR SIR / MADAM

THE FIRST NOTIFICATION WAS
NEVER RECEIVED. CAN YOU
PLEASE WAIVE THE LATE
CHARGE

M. *Bin A Dye*