

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90084 025 ***150.00

0494124

DOCUMENT # M27390

1. Entity Name

MITCHELL INTERNATIONAL, INC.

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEE Number **59-2639334**

Added For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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

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 re-stating)

Date

9. This corporation is obligated 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, 2001 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	P	☐ Delete
NAME	TJIN A DJIE, MITCHELL B.	
STREET ADDRESS	16427 ERIE PLACE	
CITY-STATE-ZIP	DAVIE FL 33331	
TITLE	TD	☐ Delete
NAME	TJIN A DJIE, STEVEN	
STREET ADDRESS	16427 ERIE PLACE	
CITY-STATE-ZIP	DAVIE FL 33331	
TITLE	VP	☐ Delete
NAME	TJIN A DJIE, VINCENT	
STREET ADDRESS	16427 ERIE PLACE	
CITY-STATE-ZIP	DAVIE FL 33331	
TITLE	S	☐ Delete
NAME	TJIN A DJIE, MILTON	
STREET ADDRESS	16427 ERIE PLACE	
CITY-STATE-ZIP	DAVIE FL 33331	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-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, changed, or on an attachment with an address, with a former fee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Print Name)

M. Tjin A Djie **M. Tjin A Djie** 04-20-01 (954) 680-3866

CR2F034 (10/00)