FILED Apr 16, 2003 8:00 am Secretary of State 04-16-2003 90107 035 ***150.00

2003	FOR	PROFIT (CORPORAT	LION
UNIFO	RM B	USINESS	REPORT	(UBR

DOCUMENT # P0000008004

MIDDLEMAN PERMIT COMPANY INCORPORATED



Principal Place of Business 640 EDDY ST BOCA RATON FL 33487		640	Mailing Address 640 EDDY ST BOCA RATON FL 33487			115	Malloda ya Mallo Abiili Abiya	n 4914 Sanci SACS	14111 45 111 48 111 1	DIB(1: 1881 1881
2. Principal Place of Business		3. Ma	3. Mailing Address			7 1 10 11 11 12 11 12 11 12 11 12				
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City	City & State		4. FEI Nur	mber 65-10616	22	 	pplied For	
Zip	Countr	y Zip		Country		5. Certific	cate of Status Desire	d 🗆	\$8.75 Add	ditional
	6. Name and Add	ress of Current Register	ed Agent			7. Name a	and Address of Ne	w Registered		
			Name							
FREEMAN, LYSSA 640 EDDY ST			Street Address		Address (F	(P.O. Box Number is Not Acceptable)				
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	.•		,	City				FL	Zip Cod	e
8. The above	named entity submits ions of registered ager	this statement for the purp	pose of changing its re	gistered office o	r registere	ed agent, or	both, in the State of	Florida. I am	familiar with,	and accept
SIGNATURE .	Sm	· ·	"					4-1	1-03	,
	Signature speed or printed nar	ne of registered agent and title if ap	plicable. (NOTE: F	Registered Agent signa	ture required	when reinstating))	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			•, •			Election Campaign Trust Fund Contribu			O May Be I to Fees	
10.		OFFICERS AND DIRECTO	ORS	11. 2		ADDITION	NS/CHANGES TO C	OFFICERS AN	D DIRECTOR	S IN 11
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NAME	FREEMAN, LYSSA			NAME	Lyss	e Bor	Kennager)	•	
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I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: