FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State
05-10-2002 90055 026 ***150.00

DOCUMENT # G06316

1. Entity Name
M.I.M.E., INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
48 East Flagler Street	
Suite, Apt. #, etc.: PH-104	Suite, Apt. #, etc.
City & State: Miami, Florida 33131	City & State
Zip: 33131 Country: US	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MARBIN, EVAN R., ESQ.

Street Address (P.O. Box Number is Not Acceptable): 48 East Flagler Street

Suite PH-104

City: Miami FL Zip Code: 33131

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	MARBIN, SHERRIE COHEN
STREET ADDRESS	48 East Flagler Street, PH-104
CITY-ST-ZIP	Miami, FL 33131
TITLE	VD
NAME	GREGG, MORTON A.
STREET ADDRESS	600 Sierra Circle
CITY-ST-ZIP	Coral Gables, FL 33156
TITLE	STD
NAME	FRANKLIN, IRWIN
STREET ADDRESS	3600 Yacht Club Drive, #1203
CITY-ST-ZIP	Aventura, FL 33180
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Sherrie Cohen Marbin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Sherrie Cohen Marbin, President

4/25/02 (305) 371-2248
Date Daytime Phone #