

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90094 016 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**2002 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000067007

1. Entity Name

MIMI INVESTMENTS CORP.

1475 West 49 St  
 Hialeah, FL 33012

1475 West 49 Street  
 Hialeah, FL 33012

2. Principal Place of Business

3. Mailing Address

Suite, Apt. # etc

Suite, Apt. # etc

DO NOT WRITE IN THIS SPACE

City &amp; State

City &amp; State

4. FEI Number

59-2052335

Applied For

Not Applicable

Zip

Country

Zip

Country

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

7. Name and Address of Current Registered Agent

Name

Dibbs, Scott W.  
 101 East Kennedy Blvd. Ste 3700  
 Tampa, FL 33602

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 date of registration)

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
 Tax filing requirements 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

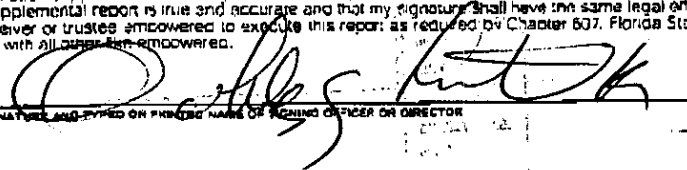
10. Election Campaign Financing  
 Trust Fund Contribution ☐

\$5.00 May Be  
 Added to Fees

## 11. OFFICERS AND DIRECTORS

|                                                |                                                                      |                                                |  |
|------------------------------------------------|----------------------------------------------------------------------|------------------------------------------------|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>Robinson, William R<br>1475 West 49 Street<br>Hialeah, FL 33012 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>Smith, Oakley G.<br>1475 West 49 Street<br>Hialeah, FL 33012    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>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)(b), 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 powers, for removal.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR

5/1/02