

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90049 046 ***150.00

DOCUMENT # 205591

1. Entity Name

MISTE, INC.



Principal Place of Business

12525 ORANGE DR
#706
DAVIE FL 33330
US

Mailing Address

12525 ORANGE DR
#706
DAVIE FL 33330
US

64064000



MOORE CR2E034 (11/03)

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

59-0812849

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ADLER, LEONARD
271 S HOLLYBROOK DR
PEMBROKE PINES FL 33025

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **TD** ☐ Delete
NAME GROSS, ILLENE S
STREET ADDRESS 16500 GOLF CLUB RD #310
CITY-ST-ZIP FORT LAUDERDALE FL 33326

TITLE **DS** ☐ Delete
NAME FEIERSTADT, BERNICE
STREET ADDRESS 1300 ST CHARLES PL
CITY-ST-ZIP PEMBROKE PINES, FL 00000

TITLE **PD** ☐ Delete
NAME ADLER, LEONARD
STREET ADDRESS 271 S HOLLYBROOK DR
CITY-ST-ZIP PEMBROKE PINES, FL 00000

TITLE **V** ☐ Delete
NAME ADLER, MILLICENT E
STREET ADDRESS 10871 NW 3 CT
CITY-ST-ZIP PEMBROKE PINES FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **TD** ☒ Change ☐ Addition
NAME **ILLENE GROSS**
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☒ Change ☐ Addition
NAME **FEIERSTADT, BERNICE**
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
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ilene Gross

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/04 954 476 0408

Date

Daytime Phone #