

2002 UNIFORM BUSINESS REPORT (UBR)

0138251 AR

DOCUMENT # 613063
 1. Entity Name
AMERICAN MISO COMPANY

FILED
 02 NOV 18 PM 3:17
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **4225 MAPLE CREEK RD RUTHERFORDTON NC 28139 US**
 Mailing Address: **92 MCINTOSH RD. ASHEVILLE NC 28806**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State: City & State
 Zip: Country

4. FEI Number **56-1355783** Applied For: Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LEVY, BENJAMIN D.
7747 SW 86TH ST, #D-404
MIAMI FL 33143

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: _____ (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)

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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	<input type="checkbox"/> Delete
NAME: EVANS, BARRY E	
STREET ADDRESS: 92 MCINTOSH RD.	
CITY-ST-ZIP: ASHEVILLE NC 28806	
TITLE: VP	<input checked="" type="checkbox"/> Delete
NAME: BELLEME, JOHN	
STREET ADDRESS: 4225 MAPLE CREEK RD	
CITY-ST-ZIP: RUTHERFORDTON NC 28139	
TITLE: S	<input checked="" type="checkbox"/> Delete
NAME: MONTA, MONTGOMERY	
STREET ADDRESS: 92 MCINTOSH RD	
CITY-ST-ZIP: ASHEVILLE NC 28806	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: 300008606573	
STREET ADDRESS: 10/28/02--01046--007	
CITY-ST-ZIP: **558.75	
TITLE: VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: GREGORY A. GONZALES	
STREET ADDRESS: 4225 MAPLE CREEK ROAD	
CITY-ST-ZIP: RUTHERFORDTON NC 28139	
TITLE: S/T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: LOUISA C. MENICK	
STREET ADDRESS: 92 MCINTOSH ROAD	
CITY-ST-ZIP: ASHEVILLE NC 28806	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
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)(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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUISA C. MENICK Date: 9/13/2002 Daytime Phone #: 828/665-7790

CR2E034 (4/02)



American Miso Company

4225 Maple Creek Road • Rutherfordton, N.C. 28139
PHONE: 828-287-2940 • FAX: 828-286-0311 • E-MAIL: miso@grits.net

November 15, 2002

Sean Toner
Senior Section Administrator
Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: AMERICAN MISO COMPANY
Ref. Number: 613063
Letter Number: 102A00059816

Dear Sean:

We are in receipt of the above-referenced letter from your office stating that our corporation was administratively dissolved. Attached please find a copy of that letter, along with the original 2002 Uniform Business Report Form. Note that the date on the report is September 13, 2002, (the due date for sending this document) which was also the date on our check and the postmark on the envelope. We are unsure how or why this document was delayed and did not make it to your office within the specified time to be received after that date.

Please reinstate this corporation without further delay. Should some additional compensation be required, we will issue the funds immediately; however, our tax return dated November 15, 2002 is now on the way and we do not wish any complications with regard to that filing.

Thank you for your assistance in this matter. Should you have questions or require additional information, please do not hesitate to contact me.

Sincerely,

Louisa C. Menick
Secretary

Enclosures