

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91335 027 ***150.00

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

DOCUMENT # F94000003351

1. Entity Name

Steve Mizerak Inc

DO NOT WRITE IN THIS SPACE

668687

2. Principal Place of Business

1243 52nd St

Suite, Apt. #, etc.

Suite #1

3. Mailing Address

1243 52nd St

Suite, Apt. #, etc.

Suite #1

City & State

Magnolia Park Fl

City & State

Magnolia Park

4. FEI Number

22-2418402

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Igoe, John G

Street Address (P.O. Box Number is Not Acceptable)

250 Royal Palm Way 3rd Fl

City

Palm Beach Fl

FL

Zip Code

33480

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IN THIS SPACE**

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 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PDC
Mizerak, Steve
1085 Morse Blvd
Singer Island Fl 33404

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Steve Mizerak*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steve Mizerak

4-29-02

Date

(561)840-0048

Daytime Phone #