

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005102

1. Entity Name

MIDA WHOLESale, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90006 021 ***150.00

Principal Place of Business
4100 N. POWERLINE ROAD, SUITE S-3
E-2
POMPANO BEACH FL 33073

Mailing Address
4100 N. POWERLINE ROAD
E-2
POMPANO BEACH FL 33073-3083

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number 58-2247045

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
NEWCOMBE, DAVID
4100 POWERLINE ROAD
E-2
POMPANO BEACH FL 33073

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.

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.. ☐

11. OFFICERS AND DIRECTORS

TITLE	VPT	NAME	NEWCOMBE, DAVID S	STREET ADDRESS	11791 ROYAL PALM BLVD #202	CITY-ST-ZIP	CORAL SPRINGS FL 33065	<input type="checkbox"/> Delete
TITLE	P.	NAME	BUFFINGTON, GREGORY	STREET ADDRESS	65185 N.W. 72 PLACE	CITY-ST-ZIP	PARKLAND FL 33067	<input type="checkbox"/> Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	NAME	NEWCOMBE, DAVID S.	STREET ADDRESS	2094 NW 107 DR.	CITY-ST-ZIP	CORAL SPRINGS, FL 33071	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	NAME	BUFFINGTON, GREGORY	STREET ADDRESS	65185 NW 72 PLACE	CITY-ST-ZIP	PARKLAND, FL 33067	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	NAME	DAVIS, TOM III	STREET ADDRESS	10109 NW 17 STREET	CITY-ST-ZIP	CORAL SPRINGS, FL 33071	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DAVID S. NEWCOMBE 4/30/2000 (954) 270-2937
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)