FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 28, 2001 8:00 am Secretary of State **DOCUMENT # G06316** 1. Entity Name M.I.M.E., INC. 03-28-2001 90221 049 ***150.00 Principal Place of Business Mailing Address 3600 YACHT CLUB DRIVE 3600 YACHT CLUB DRIVE #1203 #1203 AVENTURA FL 33180 AVENTURA FL 33180 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1709092 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MARBIN, EVAN R ESQ. Street Address (P.O. Box Number is Not Acceptable) **48 EAST FLAGLER STREET** PH-104 MIAMI FL 33131 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE ☐ Change TITLE ☐ Delete MARBIN. SHERRIE COHEN NAME STREET ADDRESS 48 EAST FLAGLER STREET, PH-104 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33131** ☐ Addition ☐ Delete THLE Change NAME GREGG. MORTON A NAME STREET ADDRESS 600 SIERRA CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CORAL GABLES FL 33156** STD ☐ Delete TITLE ☐ Change ☐ Addition NAME FRANKLIN, IRWIN NAME STREET ADDRESS 3600 YACHT CLUB DRIVE, #1203 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **AVENTURA FL 33180** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS 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 dustee empowered to execute this teport 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.