

DOCUMENT # H81107
Name
MIZELL REAL ESTATE, INC.

Feb 21, 2000 8:00 a
Secretary of State

02-21-2000 90044 044 ***150.00

Place of Business
ST
FL 33311

Mailing Address
P.O. BOX 1641
FT. LAUDERDALE FL 33302-1641



DO NOT WRITE IN THIS SPACE

Place of Business
Apt. #, etc.
State

3. Mailing Address
Suite, Apt. #, etc.
City & State

4. FEI Number 59-1896275
Applied For
☒ Not Applicable

Country
Zip
Country

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

6. Name and Address of Current Registered Agent
WILCOX, EVELINE
1305 NW 6TH STREET
FT. LAUDERDALE FL 33311

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

I hereby certify, by submitting this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Signature of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 2/14/00

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

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

OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
PD WILCOX, EVELINE 1305 NW 6TH ST FT. LAUDERDALE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
VD KURTZ, RICHARD A 1305 NW 6TH ST FT. LAUDERDALE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
STD WARD, LINDA D. 1305 NW 6TH ST FT. LAUDERDALE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

I 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 for this report or supplemental reports 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 on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 1.28.2000 Daytime Phone # 954-467-3426

CR2E034 (9/99)