

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90152 026 ***150.00

03037-7
 AV

DOCUMENT # J21290

1. Entity Name
MICHAEL LINET, INC.

Principal Place of Business

**5100 N OCEAN BLVD
 SUITE #1004
 FORT LAUDERDALE FL 33308**

Mailing Address

**5100 N OCEAN BLVD
 SUITE #1004
 FORT LAUDERDALE FL 33308**

80067024



2. Principal Place of Business

3440 South Ocean Blvd.

Suite, Apt. #, etc.

Suite # 101-South

City & State

Palm Beach, FL

Zip
33480

Country

USA

3. Mailing Address

3440 South Ocean Blvd

Suite, Apt. #, etc.

Suite # 101-South

City & State

Palm Beach, FL

Zip
33480

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2695938

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LINET, MICHAEL

13355 SW 16 CT., #413E

PEMBROKE PINES FL 33027

Name

Linnet, Michael

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

3440 South Ocean Blvd.

#101-South

City

Palm Beach

FL

Zip Code

33480

7. Name and Address of New Registered Agent

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, 2002 Fee will be \$550.00

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 **DP** ☐ Delete
 NAME **LINET, MICHAEL**
 STREET ADDRESS **13355 SW 16 CT., #413E**
 CITY-ST-ZIP **PEMBROKE PINES FL 33027**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3440 South Ocean Blvd, #101-South**
 CITY-ST-ZIP **Palm Beach, FL 33480**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **MICHAEL LINET** *Michael Linet*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/02 305-632-0885

Date Daytime Phone #

CR2E034 (9/01)