

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2000 8:00 am**  
**Secretary of State**  
 04-23-2000 90035 024 \*\*\*150.00

**DOCUMENT # J49387**

1. Entity Name  
**MIKLAVIC ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

NE 167TH ST  
 MIAMI BEACH FL 33160

3344 N.E. 167TH ST.  
 N. MIAMI BEACH FL 44145-4419  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**27388 PINEVIEW DR**  
 Suite, Apt. #, etc.

**27388 PINEVIEW DR**  
 Suite, Apt. #, etc.

City & State  
**WESTLAKE, OHIO**

City & State  
**WESTLAKE, OHIO**

4. FEI Number **59-2752485**

Applied For  
 Not Applicable

Zip **44145** Country **USA**

Zip **44145** Country **USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MIKLAVIC, ERNEST R.**  
**3344 NW 167TH ST**  
**N MIAMI BCH FL 33160**

Name **STEVEN M. ACKERMAN, CPA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7338 SW 48TH STREET**  
 City **MIAMI, FL 33155 FL** Zip Code **33155**

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]*

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 Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PDT**  Delete  
 NAME **MIKLAVIC, ERNEST R.**  
 STREET ADDRESS **3344 NE 167TH ST.**  
 CITY-ST-ZIP **N. MIAMI BEACH FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **V**  Delete  
 NAME **MIKLAVIC, LINDA J**  
 STREET ADDRESS **3344 NE 167TH STREET**  
 CITY-ST-ZIP **N. MIAMI BEACH FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 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)(f), 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: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/12/00**  
 Date

**440-899-7716**  
 Daytime Phone #

CR2E034 (9/99)