

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K23650

1. Entity Name

MID-CITY CORP.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90039 027 ***150.00

Principal Place of Business

Mailing Address

~~10744 NW 8 CT~~
~~SUITE 103~~
~~CORAL SPRINGS FL 33071~~
~~US~~

P O BOX 934069
MARGATE FL 33093
US

2. Principal Place of Business

3. Mailing Address

6624 NW 48 MN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Coral Springs FL

City & State

4. FEI Number 65-0054274

Applied For
Not Applicable

Zip 33067 Country Florida

Zip Country

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

THOMPSON, DANETTE

Name

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

6624 NW 48 Manor

City Coral Springs FL Zip Code 33067

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 *Danette Thompson* Danette Thompson 4-27-01
(Signature, typed or printed name of registered agent and fee 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, 2001 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	D	<input type="checkbox"/> Delete
NAME	THOMPSON, DANETTE	
STREET ADDRESS	10744 NW 8 CT	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6624 NW 48 Manor	
CITY-ST-ZIP	Coral Springs, FL 33067	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 *Danette Thompson* Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-01 954-341-9089
Date Daytime Phone #

CR2E034 (10/00)