

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90018 007 ***150.00

DOCUMENT # K29203
1. Entity Name
MI-DEAR CORP.

DO NOT WRITE IN THIS SPACE

822444

2. Principal Place of Business
16500 S. Post Road #103
Suite, Apt. #, etc.

3. Mailing Address
16500 S. Post Road, #103
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Weston, FL
Zip
33331
Country
USA

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Weston, FL
Zip
33331
Country
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4. FEI Number
65-0073474
Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
Steven Katz, Esq.
Street Address (P.O. Box Number is Not Acceptable)
515 E Las Olas Blvd
Suite 1500
City
Ft. Lauderdale FL Zip Code
33301

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) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	DV Michelson, Roger 16500 S. Post Road, #103 Weston, FL 33331
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT Michelson, Edward 16500 S. Post Road, #103 Weston, FL 33331
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS Michelson, Bruce 16500 S. Post Road, #103 Weston, FL 33331
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  1/24/02 954-389-0709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)