

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90040 021 ***150.00

DOCUMENT # K57922

1. Entity Name

MIRODON GROUP, INC.

Principal Place of Business

Mailing Address

~~2556 SHOREWOOD LANE~~
~~P.O. BOX 1171~~
~~LAND O LAKES FL 34639~~
 US

THE MIRODON GROUP, INC
 P.O. BOX 1171
 LAND O LAKES FL 34639-1171
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3423 W. LASALLE STREET

3. Mailing Address

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

4. FEI Number

59-2927425

Applied For

Not Applicable

Zip

33607

Country

US

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

ROGER J. KASOUF JR.
~~2556 SHOREWOOD LANE~~
~~LAND O LAKES FL 34639~~

Name

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

3423 W. LASALLE STREET

City

TAMPA

FL

Zip Code

33607

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

Roger J. Kasouf Jr.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/1/2000

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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	D			
	KASOUF, ROGER J. JR.	P.O. BOX 1171, 2556 SHOREWOOD LANE	LAND O LAKES FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		3423 W. LASALLE STREET	TAMPA, FL 33607	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Roger J. Kasouf Jr.
ROGER J. KASOUF JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/2000

DATE

813-996-6645

DAYTIME PHONE #