FILED

Feb 04, 2002 8:00 am

2002 UNIFORM BUSINESS REPORT (UBR)

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K95655 **Secretary of State** 1. Entity Name P. H. MUELLER INTERNATIONAL, INC. 02-04-2002 90041 020 ***150.00 Principal Place of Business Mailing Address C/O PAUL H. MUELLER C/O PAUL H. MUELLER 4061 N.E. 26TH AVENUE 4061 N.E. 26TH AVENUE FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0182462 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MUELLER-PAUL-H .-Street Address (P.O. Box Number is Not Acceptable) 4061 N.E. 26TH AVENUE FT., LAUDERDALE FL 33308 City Zip Code 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (9/01) TITLE **PSD** ☐ Delete ☐ Change ☐ Addition MUELLER, PAUL H. NAME NAME STREET ADDRESS 4061 NE 26TH AVENUE STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 supplier best at least a property of the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this report or supplier best at least a property of the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplies the information supplies that the information supplies that the information supplies the information supplies that the information supplies the information supplies that the information supplies the information s indicated on this report or supplement of the corporation or the receiver or 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 content of

Jan. 16, 2002