

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003936

1. Entity Name

MID-WEST MANUFACTURING, L.L.C.

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90060 007 \*\*\*\*\*50.00

Principal Place of Business

2300 CORPORATE BLVD., NW  
STE 244  
BOCA RATON FL 33431

Mailing Address

2300 CORPORATE BLVD., NW  
STE 244  
BOCA RATON FL 33431

2. Principal Place of Business

3. Mailing Address

P. O. Box 810006

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Boca Raton, FL 33481

4. FEI Number **APPLIED FOR**  
**65-1019416**

Applied For

Not Applicable

Zip

Country

Zip

Country

33481

USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOPKINS, JOHN O  
8000 NORTH FEDERAL HWY  
BOCA RATON FL 33487

Name

John O Hopkins, Sr

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

2300 Corporate Blvd N.W.

Suite #244

City

Boca Raton

FL

Zip Code  
33431

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 \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
MID-WESTERN MANUFACTURING INC  
2300 CORPORATE BLVD., NW SUITE 244  
BOCA RATON FL 33431 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/31/02 861-994-4500

CR2E083 (9/01)