

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

0006835

**DOCUMENT # L00000009014**

1. Entity Name

**MITCHCO MANAGEMENT, LLC**

03-13-2002 90018 041 \*\*\*\*50.00

Principal Place of Business

**1674 ALTON ROAD, SUITE 100  
 MIAMI BEACH FL 33139**

Mailing Address

**1674 ALTON ROAD, SUITE 100  
 MIAMI BEACH FL 33139**

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2. Principal Place of Business

**3100 PRAIRIE AVENUE**

3. Mailing Address

**3100 PRAIRIE AVENUE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI BEACH, FL**

City & State

**MIAMI BEACH, FL**

4. FEI Number

**26-1139922**

Applied For

Not Applicable

Zip

**33140**

Country

**USA**

Zip

**33140**

Country

**USA**

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**THAL, MITCHELL  
 1674 ALTON ROAD, SUITE 100  
 MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name

**MITCHELL THAL**

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

**3100 PRAIRIE AVENUE**

City

**MIAMI BEACH**

FL

Zip Code

**33140**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-27-02**

**FILE NOW!!! FEE IS \$50.00**

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

9. MANAGING MEMBERS/MANAGERS

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGRM  
 MITCHELL, THAL  
 1674 ALTON RD, STE 100  
 MIAMI BEACH FL** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
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 CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**3100 PRAIRIE AVENUE  
 MIAMI BEACH FL 33140** ☒ Change ☐ Addition

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

TITLE  
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☐ Change ☐ Addition

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:

**MITCHELL THAL**

**2-27-02**

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

Date

Daytime Phone #

CR2E083 (9/01)