

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

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90448 025 ***150.00

DOCUMENT # L13709

1. Entity Name
The Mica Shop Inc.
364 S.W. 4th Ct. - #2
Dania, FL 33004

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
The Mica Shop Inc.
Suite, Apt. #, etc.
364 S.W. 4 Ct. - #2

City & State
Dania, FL

Zip Country
33004 USA - Broward

3. Mailing Address
Michael Bethan
Suite, Apt. #, etc.
19181 W. Sycamore Dr

City & State
Loxahatchee, FL

Zip Country
33470 USA

4. FEI Number
65-0146252

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name
Michael Bethan

Street Address (P.O. Box Number is Not Acceptable)
19181 W. Sycamore Dr

City Zip Code
Loxahatchee FL 33470

**DO NOT WRITE
IN THIS SPACE**

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
5-01-02

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
President
Michael Bethan
364 S.W. 4th Ct. - #2
Dania, FL 33004

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Sec/Treas.
Veronica Bethan
364 S.W. 4th Ct. - #2
Dania, FL 33004

TITLE
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STREET ADDRESS
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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: Veronica Bethan - Veronica Bethan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE
5-1-02 954-921-4246
Daytime Phone #

CR25034R (12/01)