

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 08, 2000 8:00 am
Secretary of State

05-08-2000 90020 005 ***150.00

DOCUMENT # L25767

1. Entity Name

MIP MANAGEMENT CORPORATION

Principal Place of Business

Mailing Address

% JACQUES BRION
1860 N CONGRESS AVE
WEST PALM BEACH FL 33401

% JACQUES BRION
1860 N CONGRESS AVE
WEST PALM BEACH FL 33401-1604



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4411 Beacon Circle

3. Mailing Address

4411 Beacon Circle

Suite, Apt. #, etc.

Suite 1B

Suite, Apt. #, etc.

Suite 1B

City & State

West Palm Beach FL

City & State

West Palm Beach

4. FEI Number

36-3670831

Applied For

Not Applicable

Zip

33407

Country

USA

Zip

33407

Country

USA

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

BRION, JACQUES
1860 N CONGRESS AVE
WEST PALM BEACH FL 33401

Name

BRION, Jacques - Logistic Group

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

4411 Beacon Circle - Suite 1B

City

West Palm Beach

FL

Zip Code

33407

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 of person printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> Delete	TITLE	D	Jacques Brion	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRION, JACQUES		NAME			
STREET ADDRESS	1860 N CONGRESS AVE		STREET ADDRESS		4411, Beacon Circle - Suite 1B	
CITY-ST-ZIP	WEST PALM BEACH FL		CITY-ST-ZIP		West Palm Beach FL-33407	
TITLE		<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP			CITY-ST-ZIP			
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CITY-ST-ZIP			CITY-ST-ZIP			
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NAME			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 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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-842-9600 04-24-00

Date

Daytime Phone #

CR2E034 (9/99)