

5/15

FILED

Jun 29, 2001 8:00 am
Secretary of State

05-15-2001 90200 032 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003938

1. Entity Name

MIAMI INNER CITY ANGELS (MICA), INC.

Principal Place of Business

7001 S.W. 97TH AVENUE
MIAMI FL 33173

Mailing Address

7001 S.W. 97TH AVENUE
MIAMI FL 33173

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0852573

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

ALMEIDA, EDWARD
7001 S.W. 97TH AVENUE
MIAMI FL 33173

7. Name and Address of New Registered Agent

Name Michael L. Carricarte

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

7001 S.W. 97TH Ave

City miamiFL Zip Code 33179

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

4-27-2001

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CARRICARTE, MICHAEL L	
STREET ADDRESS	7001 S.W. 97TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33173	

TITLE	D	<input type="checkbox"/> Delete
NAME	CARRICARTE, MICHAEL A	
STREET ADDRESS	7001 S.W. 97TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33173	

TITLE	D	<input type="checkbox"/> Delete
NAME	KARDONSKI, ANNE LOUISE	
STREET ADDRESS	7001 S.W. 97TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33173	

TITLE	D	<input type="checkbox"/> Delete
NAME	CARRICARTE, JENNIFER L	
STREET ADDRESS	7001 S.W. 97TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33173	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)