

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90128 003 ***150.00

0637503 AT

DOCUMENT # P00000012312

1. Entity Name

MIDA 2000 CORP.



Principal Place of Business

6530 N. OCEAN BLVD.

SUITE 108

OCEAN RIDGE FL 33436

Mailing Address

PO BOX 243255

BOYNTON BEACH FL 33424

2. Principal Place of Business

14545 J MILITARY TRAIL

3. Mailing Address

14545 J MILITARY TRAIL

Suite, Apt. #, etc.

149

Suite, Apt. #, etc.

149

City & State

DELRAY BEACH, FL

City & State

DELRAY BEACH, FL

Zip

33484

Country

Zip

33484

Country

4. FEI Number

65-0976163

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HAVRILA, MIROSLAV

6530 N. OCEAN BLVD.

SUITE-108

OCEAN RIDGE FL 33436

7. Name and Address of New Registered Agent

Name

JARIUSZ BETHER

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

14545 J MILITARY TRAIL # 149

City

DELRAY BEACH

FL

Zip Code

33484

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. I am familiar with, and accept the obligations of registered agent.

PRESIDENT OR REGISTERED AGENT

SIGNATURE

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

JARIUSZ BETHER

(NOTE: Registered Agent signature required when reinstating)

4-29-03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **HAVRILA, MIROSLAV**
STREET ADDRESS **6530 N. OCEAN BLVD. - SUITE 108**
CITY-ST-ZIP **OCEAN RIDGE FL 33436**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **JARIUSZ BETHER** ☒ Change ☐ Addition
NAME
STREET ADDRESS **14545 J MILITARY TRAIL # 149**
CITY-ST-ZIP **DELRAY BEACH, FL, 33484**

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

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

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

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

TITLE ☐ Change ☐ 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

PRESIDENT

SIGNATURE:

SIGNATURE REQUIRED JARIUSZ BETHER

4-29-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)