

2004 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90028 024 ***150.00

DOCUMENT # *P00000022078*

1. Entity Name

MIDWEST INVESTMENT Co.



DO NOT WRITE IN THIS SPACE

44021527

2. Principal Place of Business

2640 42nd AV.

Suite, Apt. #, etc.

3. Mailing Address

2640 NW 42nd AV.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

COCONUT CREEK FLA

City & State

COCONUT CREEK FLA.

4. FEI Number

65-0987225

Applied For

Not Applicable

Zip

33066

Country

BROWARD

Zip

33066

Country

BROWARD

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

SPIEGEL & UTRERA P.A.

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

343 ALMA FLA AV.

City

Coral Gables

FL

Zip Code

33134

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

SIGNATURE

Retained

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	<i>Pres.</i>
NAME	<i>Allen, Leonard R.</i>
STREET ADDRESS	<i>2640 NW 42nd AV.</i>
CITY-ST-ZIP	<i>COCONUT CREEK FLA 33066</i>
TITLE	<i>SECT/VP</i>
NAME	<i>Allen, Reese E.</i>
STREET ADDRESS	<i>2640 NW 42nd AV.</i>
CITY-ST-ZIP	<i>COCONUT CREEK FLA. 33066</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-04

Date

954-683-9000

Daytime Phone #

CR2E034B (12/02)