

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000022928

1. Entity Name
MICHAELS TECHNOLOGY & DESIGNS, INC.

FILED
May 18, 2001 8:00 am
Secretary of State
05-18-2001 91552 047 ***150.00

Principal Place of Business Mailing Address
SONGBIRD TERR. 8087 SONGBIRD TERR.
BOCA RATON FL 33496 BOCA RATON FL 33496

LU000404



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
17244 HAMPTON BLVD. 17244 HAMPTON BLVD.
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
BOCA RATON FL BOCA RATON FL 65-0988942 Not Applicable
Zip Country Zip Country 5. Certificate of Status Desired ☐ \$8.75 Additional
33496 USA 33496 USA Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
SINOSFKY, DAVID M Name- DAVID M SINOSFKY
8087 SONGBIRD TERR. Street Address (P.O. Box Number is Not Acceptable)
BOCA RATON FL 33496 17244 HAMPTON BLVD
City BOCA RATON FL Zip Code 33496

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 *David M Sinofsky* DATE 5/25/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
(See criteria on back) 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINOSKY, DAVID M		NAME	SINOSKY DAVID M	
STREET ADDRESS	8087 SONGBIRD TERR.		STREET ADDRESS	17244 HAMPTON BLVD	
CITY-ST-ZIP	BOCA RATON FL 33496		CITY-ST-ZIP	BOCA RATON FL 33496	
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
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		

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: *David M Sinofsky* DATE 5/25/01 561 893-8733
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)