## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

## P00000067005 DOCUMENT #

FILE NOW!!! FEE!IS \$150.00

After May 1, 2003 Fee will be \$550.00

1. Entity Name MIMI'S ALF, INC.



Apr 07, 2003 8:00 am § Secretary of State

04-07-2003 90972 049 \*\*\*158.75

Principal Place of Busin 1361 SW 142 COURT MIAMI FL 33184	ess	Mailing Address 1361 SW 142 COUI MIAMI FL 33184	RT			) (2011 2011 2014 2014 2011 1 <b>2</b> 01	
. Principal Place of Bu	ısiness	3. Mailing Address		<u>.</u> , - "			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State	City & State		4. FEI Number 65-1023834	Applied For Not Applicable	
Zip	Country	Zip	Zip Country			\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
GONZALEZ, MIRIAM 1361 SW 142 COURT MIAMI FL 33184				Street Address (P.O. Box Number is Not Acceptable)			
				City	FL	Zip Code	
the obligations of reg			·	···-	stered agent, or both, in the State of Florida. I am far	niliar with, and accept	

**	r May 1, 2003 Fee will be \$550.00  k Payable to Florida Department of State			Trust Fund Contribution.	☐ Added	to Fees		
OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
NAME STREET ADDRESS CITY ST-ZIP	P GONZALEZ, MIRIAM 1361 SW 142 COURT MIAMI FL 33184	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition		
TÎTLE NAME STREET ADDRESS STY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition		
TITLE		☐ Delete	TITLE		☐ Change	Addition		

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

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NAME

☐ Delete

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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.

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

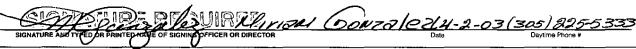
CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

NAME



**\$5.00** May Be

☐ Change

☐ Change

☐ Addition

Addition

9. Election Campaign Financing