

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000067564

1. Entity Name

MIKELE, INC.

Principal Place of Business

2201 SW 141 PLACE
MIAMI FL 33175

Mailing Address

2201 SW 141 PLACE
MIAMI FL 33175

2. Principal Place of Business

2201 SW 141 PL
Suite, Apt. #, etc.

3. Mailing Address

2201 SW 141 PL
Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

4. FEI Number

05-1025509

Applied For

Not Applicable

Zip

33175

Country

USA

Zip

33175

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHMACHTENBERG, LEE C
1533 SUNSET DRIVE
SUITE 201
CORAL GABLES FL 33143

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☒

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

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

TITLE D
NAME VALLE, MICHELLE
STREET ADDRESS 2201 SW 141 PLACE
CITY-ST-ZIP MIAMI FL 33175 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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:

Michelle Valle / Michelle Valle

Date

(305) 553-2520

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

07-10-2001 90007 026 ***150.00

P00000067564

FILED

SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUL 23 PM 3:40



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)