

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000074238**1. Entity Name  
**MYCO, INC.****FILED**  
**Sep 19, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90008 026 \*\*\*150.00

003811 1148800  
AVPrincipal Place of Business  
**161 MADEIRA AVE. #93**  
**CORAL GABLES FL 33134**Mailing Address  
**161 MADEIRA AVE. #93**  
**CORAL GABLES FL 33134**2. Principal Place of Business  
**AS ABOVE**  
Suite, Apt. #, etc.3. Mailing Address  
**AS ABOVE**  
Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number  
**65-103059-2**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional**  
Fee Required**6. Name and Address of Current Registered Agent****SPIEGEL & UTRERA, P.A.**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134****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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSTD**  
**HANSEN, FRANK**  
**161 MADEIRA AVE, #93**  
**CORAL GABLES FL 33134** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
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:

**SIGNATURE REQUIRED***Frank Hansen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

Attachment

12645

PO0000074238

DIV of Corp

Sept 10-01

Uniform Business Rep Filing

P.O. Box 1500

FRANK HANSEN

TALLAHASSEE, FL 32302-1500

FOR

MYCO INC. #93

161 MADIRA AVE

CORAL GABLES

FL 33134

RE YOUR RENEWED REQUEST  
FOR FEI NO.

I HAVE TODAY HAD PHONE CONVERSATION  
WITH FIRST ROBBIN, THEN CAROL.

WHAT MAY HAVE HAPPENED  
IS THAT MY FEI NO WAS  
SEND IN A HANDWRITTEN

LETTER - FROM EUROPE  
WHILE I WAS THERE -

AND I UNDERSTAND TODAY  
THAT - DO NOT GO INTO  
THE COMPAREN -

BUT - NOWHERE - DOES YOUR  
DOCUMENT SAY THAT I  
CAN NOT SEND INFORMATION  
HANDWRITTEN -

PLEASE - PRETTY PLEASE - MAY  
I NOW GET A CONFIRMATION  
THAT ALL IS OK