

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90061 006 \*\*\*158.75

**DOCUMENT # P00000096787**

1. Entity Name  
**MITCHELL SOLUTIONS, INC.**

Principal Place of Business  
**4765 GRAPEVINE WAY**  
**DAVIE FL 33331**

Mailing Address  
**4765 GRAPEVINE WAY**  
**DAVIE FL 33331**

2. Principal Place of Business  
**2113 JOHNSON STREET**  
 Suite, Apt. #, etc.  
**SUITE 130**

3. Mailing Address  
**2113 JOHNSON STREET**  
 Suite, Apt. #, etc.  
**SUITE 130**

City & State  
**PEMBROKE PINES, FLORIDA**  
 Zip  
**33029**  
 Country  
**USA**

City & State  
**PEMBROKE PINES, FLORIDA**  
 Zip  
**33029**  
 Country  
**USA**

4. FEI Number  
**65-1056320**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
 Fee Required

**6. Name and Address of Current Registered Agent**

**SCHULDINER, MITCHELL**  
**4765 GRAPEVINE WAY**  
**DAVIE FL 33331**

**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** ☐ Delete  
 NAME **SCHULDINER, MITCHELL**  
 STREET ADDRESS **4765 GRAPEVINE WAY**  
 CITY-ST-ZIP **DAVIE FL 33331**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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 corporations.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-26-01 (954) 392-1538

Date

Daytime Phone #

CR2E034 (10/00)