

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 19, 2001 08:00 AM
Secretary of State

DOCUMENT # P00000100316

1. Entity Name
MT. SPIRIT HERBALS, INCORPORATED

Principal Place of Business
100 EDGEWATER DR #244
COCONUT GROVE FL 33133

Mailing Address
100 EDGEWATER DR #244
COCONUT GROVE FL 33133

2. Principal Place of Business
100 EDGEWATER DRIVE
Suite, Apt. #, etc.
#244

3. Mailing Address
100 EDGEWATER DRIVE
Suite, Apt. #, etc.
#244

City & State
CORAL GABLES FL

City & State
CORAL GABLES FL

Zip Country
33133 US

Zip Country
33133 US

4. FEI Number
65-1052980
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HERMELEE BRUCE G
25 SE 2ND AVE, SUITE 1135
MIAMI FL 33131 US

7. Name and Address of New Registered Agent

Name
MULLER ELISE APROP.
Street Address (P.O. Box Number is Not Acceptable)
100 EDGEWATER DRIVE
#244
City CORAL GABLES FL Zip Code 33133

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 ELISE MULLER

04/19/2001

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	PROP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	MULLER ELISE APROP.	100 EDGEWATER DRIVE #244	CORAL GABLES FL 33133			

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: ELISE MULLER

PROP 04/19/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)