

FILED  
Apr 10, 2003 8:00 am  
Secretary of State

04-10-2003 90120 001 \*\*\*150.00

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

DOCUMENT # P01000014917

1. Entity Name  
**MIKSA CORPORATION**



Principal Place of Business  
1240 S. MISSOURI AVE  
#406  
CLEARWATER, FL 33756

Mailing Address  
400 S METEOR AVE, APT 5  
CLEARWATER, FL 33765

10063300

2. Principal Place of Business

3. Mailing Address

1240 S MISSOURI AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT #406

City & State

CITY & STATE  
CLEARWATER FL



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number  
59-3696204

Applied For  
Not Applicable

Zip Country

Zip Country  
33756

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZELENKOVA, MARTINA  
1240 S. MISSOURI AVE #406  
CLEARWATER, FL 33756

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ZELENKOVA, MARTINA  
1240 S MISSOURI AVE 406  
CLEARWATER, FL 33756 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
PRAZAK, DAVID  
1240 S MISSOURI AVE 406  
CLEARWATER, FL 33756 ☐ Delete

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

TITLE  
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☐ Change ☐ Addition

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:

*Martina Zelenkova*

04-04-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)