

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

06-03-2003 08:57:57 *****61.25
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DOCUMENT # P 010000 23350

1. Entity Name

MIRZOL DESIGNERS INC

03 JUN -9 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3365 LAKE WORTH ROAD

3. Mailing Address

3365 LAKE WORTH ROAD

Suite, Apt. #, etc.

Bay 10

Suite, Apt. #, etc.

Bay 10

DO NOT WRITE IN THIS SPACE

City & State

LAKE WORTH FL

City & State

LAKE WORTH FL

4. FEI Number

65-1082946

Applied For

Not Applicable

Zip

33461

Country

USA

Zip

33461

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CAROL DANIELS

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

1802 18th Lane

City

GREENACRES

FL

Zip Code

33463

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IN THIS SPACE

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

Carol Daniels Pres.

3-1-03

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FEE IS \$81.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P
CAROL DANIELS
1802 18th Lane
GREENACRES FL 33463

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VP
BUCK BOKSTROM
1802 18th Lane
GREENACRES FL 33463

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VP
LEONARD "JOHN" BOKSTROM
5734 MANGO ROAD
WEST PALM BEACH FL 33413

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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STREET ADDRESS

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IN THIS SPACE

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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carol Daniels Pres.

3-1-03

561-514-8500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)

91.619