

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90169 032 ***150.00

DOCUMENT # P01000030158

1. Entity Name

MISTEK, INC.



Principal Place of Business

P.O. BOX 10211
MIAMI FL 33101

Mailing Address

P.O. BOX 10211
MIAMI FL 33101

2. Principal Place of Business

Same as Above

3. Mailing Address

Same as Above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Same as Above

City & State

Zip

Same

Country

Same

Zip

Same

Country

Same

4. FEI Number

65-1092224

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

DICKENS, TYRONE
18535 NW 39 COURT
CAROL CITY FL 33055

7. Name and Address of New Registered Agent

Name

Same

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

Same

City

Same

FL

Zip Code
Same

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 reinstating)

DATE

4-23-03

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

TITLE VP
NAME DICKENS, TYRONE
STREET ADDRESS 18535 NW 39 CT
CITY-ST-ZIP CAROL CITY FL 33055

☐ Delete

TITLE P
NAME DICKENS, FARRIE
STREET ADDRESS 18535 NW 39 CT
CITY-ST-ZIP CAROL CITY FL 33055

☐ Delete

DECEASED

TITLE ST
NAME WILLIAMS, ALTIMESE
STREET ADDRESS 1650 NW 123 STREET
CITY-ST-ZIP NORTH MIAMI FL 33167

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
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CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P-VP
NAME TYRONE DICKENS
STREET ADDRESS 18535 NW 39 CT
CITY-ST-ZIP CAROL CITY FL 33055

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)