


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2003 8:00 am
Secretary of State

7/14.

07-14-2003 90330 038 ***150.00

DOCUMENT # P01000037887			
1. Entity Name MIA & COMPANY INC.			
Principal Place of Business 2620-C MANATEE AVE W BRADENTON FL 34205		Mailing Address 2620-C MANATEE AVE W BRADENTON FL 34205	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 6302 Manatee Ave West		Suite, Apt. #, etc. 6302 Manatee Ave West Suite I	
City & State Suite I Bradenton FL		City & State Bradenton Florida	
Zip 34209	Country	Zip 34209	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RANDALL, ALBERTA MA L 3312 34TH AVENUE DR. WEST BRADENTON FL 34205		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.		DATE (NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$550.00 After September 10, 2003: Fee will be \$750.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME BENZ, HARALD B	TITLE	NAME
STREET ADDRESS 2620 MANATEE AVE. WEST, SUITE C	CITY-ST-ZIP BRADENTON FL 34205	STREET ADDRESS	CITY-ST-ZIP
TITLE P	NAME Benz HARALD B	TITLE	NAME
STREET ADDRESS 6302 Manatee Ave, West Suite I	CITY-ST-ZIP Bradenton Florida 34209	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
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STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 REQUIRED		7/21/2003	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

35052193

☐ CHECK HERE IF MAKING CHANGES

CR2E034 (4/03)