

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90664 002 ***150.00

DOCUMENT # P01000039229

1. Entity Name

MIA'S RESTAURANT ASSOCIATES, INC.



Principal Place of Business

**1633 SNOW AVENUE
TAMPA FL 33606**

Mailing Address

**P.O. BOX 7249
NAPLES FL 34101**

2. Principal Place of Business

1633 SNOW AVE

3. Mailing Address

PO BOX 7249

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

NAPLES, FL

Zip

33606

Country

#ILL500C0UGH

Zip

34101

Country

COLUER

4. FEI Number

59-3717953

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HALL, JIM
2047 TRADE CENTER WAY
NAPLES FL 34109**

7. Name and Address of New Registered Agent

Name

HALL, JIM

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

2047 TRADE CENTER WAY

City

NAPLES

FL

Zip Code

34109

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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 ☐ Delete
NAME **P**
HALL, JAMES L
STREET ADDRESS **2041 TRADE CENTER WAY**
CITY-ST-ZIP **NAPLES FL 34109**

TITLE ☐ Delete
NAME **O**
HALL, BETTIE B
STREET ADDRESS **2047 TRADE CENTER WAY**
CITY-ST-ZIP **NAPLES FL 34109**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **PRES.**
HALL, JAMES
STREET ADDRESS **2047 TRADE CENTER WAY**
CITY-ST-ZIP **NAPLES FL 34109**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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)(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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JIM HALL

3-5-04 239-597-3630

Date

Daytime Phone #