FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State
05-30-2002 91599 044 ***150.00

DOCUMENT # P01000042413

1. Entity Name

MIMI NOFIL, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2011 S. PERIMETER ROAD	2011 S PERIMETER RD
Suite, Apt. #, etc. C	Suite, Apt. #, etc. C
City & State FT LAUDERDALE, FL	City & State FT LAUDERDALE, FL
Zip 33309 Country USA	Zip 33309 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65 1101595 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name MIMI NOFIL

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

2011 S PERIMETER RD, C

City FT LAUDERDALE FL 33309

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	MIMI NOFIL
STREET ADDRESS	2011 S PERIMETER RD, C
CITY-ST-ZIP	FT LAUDERDALE, FL 33309
TITLE	VPSD
NAME	JAMES NOFIL
STREET ADDRESS	2011 S. PERIMETER RD, C
CITY-ST-ZIP	FT LAUDERDALE, FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: MIMI NOFIL, PRESIDENT 954 336 7097
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MAY 23, 2002