

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**  
 02-07-2002 90053 040 \*\*\*150.00

**DOCUMENT # P01000058000**

**1. Entity Name**  
**M.I.H. INTERNATIONAL, INC.**

**Principal Place of Business**      **Mailing Address**  
**10220 WAHSINGTONIA PALM WAY. #1824**      **10220 WAHSINGTONIA PALM WAY. #1824**  
**FT. MYERS FL 33912**      **FT. MYERS FL 33912**



**2. Principal Place of Business**      **3. Mailing Address**  
**10220 Washingtonia Palm Way**      **10220 Washingtonia Palm Way**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**#1824**      **#1824**  
**City & State**      **City & State**

DO NOT WRITE IN THIS SPACE

**4. FEI Number**      **Applied For**  
**65-1107113**      **Not Applicable**  
**5. Certificate of Status Desired**      **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**      **7. Name and Address of New Registered Agent**  
**CONSTANT, PETER**      **Name**  
**10220 WAHSINGTONIA PALM WAY, #1824**      **Street Address (P.O. Box Number is Not Acceptable)**  
**FT. MYERS FL 33912**      **Correction → 10220 Washingtonia Palm Way, #1824**  
**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.**

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

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**      **FILE NOW!!! FEE IS \$150.00 ✓**      **10. Election Campaign Financing Trust Fund Contribution.**      **\$5.00 May Be Added to Fees**  
 (See criteria on back)      **After May 1, 2002 Fee will be \$550.00**      **Make Check Payable to Department of State**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**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 Block 12 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**      **1/19/2002**      **941-275-1016**  
 Date      Daytime Phone #

CR2E034 (9/01)