FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
05-14-2002 90353 014 ***150.00

DOCUMENT # P01000074833

1. Entity Name
Mica Real Estate Marketing Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5871 Triphammer Rd.
Suite, Apt. #, etc.
~~Lake Worth FL 33463~~
City & State
Lake Worth FL 33463
Zip: 33463 Country: USA

3. Mailing Address
P.O. Box 542611
Suite, Apt. #, etc.
City & State
Lake Worth, Florida
Zip: 33454-2611 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1124528 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**
Name: Duckens M. Paulin
Street Address (P.O. Box Number is Not Acceptable): 5871 Triphammer Rd.
City: Lake Worth **FL** Zip Code: 33463

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]
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)
DATE 4/24/02

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	President
NAME	Duckens M. Paulin
STREET ADDRESS	5871 Triphammer Rd.
CITY-ST-ZIP	Lake Worth FL 33463
TITLE	
NAME	
STREET ADDRESS	
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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: [signature] Duckens Paulin 4/24/02 (561) 248-5601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #