

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91603 025 ***150.00

DOCUMENT # P01000080779

1. Entity Name

MIGON inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

616 MADISON CT

3. Mailing Address

616 MADISON CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
SARASOTA FL

FL

City & State
SARASOTA FL

FL

4. FEI Number

APPLIDE FOR

Applied For

Not Applicable

Zip 34236

Country USA

Zip 34236

Country USA

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 REINICKE, STEPHANIE A ESR

Street Address (P.O. Box Number is Not Acceptable) 1800 SECOND

ST, SUITE 803

City SARASOTA

FL

Zip Code 34236

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.
(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 RAFAEL MICCIO
STREET ADDRESS 616 MADISON CT
CITY- ST- ZIP SARASOTA FL 34236

TITLE VICE PRESIDENT
NAME OMAR GONZALEZ
STREET ADDRESS 616 MADISON CT
CITY- ST- ZIP SARASOTA FL 34236

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**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02

Date

941-9518767

Daytime Phone #

CR2E034B (12/01)