

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90048 026 ***158.75

DOCUMENT # P01000083059

1. Entity Name
MISTER ENGLISH CORP.

Principal Place of Business

85 GRAND CANAL DR.
#106
MIAMI FL 33144

Mailing Address

~~85 GRAND CANAL DR.~~
~~#106~~
~~MIAMI FL 33144~~

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 557127

Suite, Apt. #, etc.

City & State

MIAMI FL.

Zip

33255

Country

DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1135623

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORBAN, JOSE S.

~~3220 S.W. 134TH AVE.~~

~~MIAMI FL 33175~~

7. Name and Address of New Registered Agent

Name

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

7764 SW 57 TR

City

MIAMI

FL

Zip Code

33143

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)

☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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 PD ☐ Delete
NAME CORBAN, JOSE S
STREET ADDRESS ~~85 GRAND CANAL DR.~~
CITY-ST-ZIP ~~MIAMI FL 33144~~

TITLE ~~D~~ ☒ Delete
NAME ~~CORBAN, SALMA~~
STREET ADDRESS ~~85 GRAND CANAL DR.~~
CITY-ST-ZIP ~~MIAMI FL 33144~~

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **7764 S.W. 57 TR.**
CITY-ST-ZIP **MIAMI, FL. 33143**

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

01/22/02 **786-512-1009**
 Date Daytime Phone #

CR2E034 (9/01)