

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000019501

1. Entity Name
THE MICHAEL HOPKINS COMPANY, INC.



FILED

03 DEC 10 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
14330 NW 13 AVE
MIAMI FL 33167

Mailing Address
14330 NW 13 AVE
MIAMI FL 33167

2. Principal Place of Business
4141 NE 2ND AVE
Suite, Apt. #, etc.
108-A

3. Mailing Address
4141 NE 2ND AVE
Suite, Apt. #, etc.
108-A

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number
65-0754247

Applied For
Not Applicable

Zip Country
33137 US

Zip Country
33137 US

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

HOPKINS, MICHAEL W
14330 NW 13 AVE
MIAMI FL 33167

Name
Street Address (P.O. Box Number is)
4141 NE 2ND AVE 108-A
City MIAMI FL Zip Code 33137

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Michael Hopkins
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 9-26-03

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS HOPKINS, MICHAEL W
CITY-ST-ZIP 14330 NW 13 AVE
MIAMI FL 33167

TITLE ☐ Change ☐ Addition
NAME Hopkins, Michael W
STREET ADDRESS 4141 NE 2ND AVE 108A
CITY-ST-ZIP MIAMI FL 33137

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 600024049566
CITY-ST-ZIP 10/23/03--01052--027 **150.00

TITLE ☐ Delete
NAME
STREET ADDRESS REINSTATEMENT 03
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 600024049566
CITY-ST-ZIP 12/10/03--01060--020 **600.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE Michael Hopkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-23-03 305-572-1232
Date Daytime Phone #

CR2E034 (4/03)

0067198