

FILED
Jul 23, 2003 8:00 am
Secretary of State

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05-05-2003 90324 047 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000025924

1. Entity Name
MICHTE MIAMI, INC

Principal Place of Business
4751 114TH STREET N
ST PETERSBURG, FL 33708

Mailing Address
4751 114TH STREET N
ST PETERSBURG, FL 33708

2. Principal Place of Business

3. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 710869584 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOUGHTON, ROBERT
4751 114TH STREET N
ST PETERSBURG, FL 33708

Name

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

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

SIGNATURE

Signature, print name of person authorized to sign for entity

Print Registered Agent's name and address

Date

FILE NUMBER 110114000
APPROVED MAY 2003 BY THE SECRETARY OF STATE
MICHTE MIAMI, INC. STATE DEPARTMENT OF STATE

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10.	11.
NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
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NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information
included 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 of
changes, or on an attachment with this report, and the officer is not empowered.

SIGNATURE: *Robert Houghton*

4/23/2003 888 285195

PRINT NAME AND TITLE OF REGISTERED AGENT OR DIRECTOR

Date

Signature