

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90259 047 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000053054

1. Entity Name

MIDAME CORP.



80105154

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1834 N 16th CT

3. Mailing Address

1834 N 16th CT

Suite, Apt. #, etc.

APT. 2

Suite, Apt. #, etc.

APT. 2

DO NOT WRITE IN THIS SPACE

City & State

HOLLYWOOD, FL

City & State

HOLLYWOOD, FL

4. FEI Number

47-0868461

Applied For

Not Applicable

Zip

33020

Country

US

Zip

33020

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **DANIEL MORALES**

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

1834 N 16th CT

City **HOLLYWOOD**

FL

Zip Code
33020

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

04/29/03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
President
Daniel Morales
1834 N 16th CT, Hollywood FL 33020

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/03

(954)924-0420

Date

Daytime Phone

CR2E034B (12/02)