

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5/5/2003-91790-031-\$150.00-\$150.00

0248346 AV

DOCUMENT # P02000067887

1. Entity Name
MIKERO, INC.



FILED

03 JUN -4 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7745 S.W. 86TH STREET, APT. D319
MIAMI FL 33143

Mailing Address
7745 S.W. 86TH STREET, APT. D319
MIAMI FL 33143

2. Principal Place of Business
150 WEST FLAGLER ST.

3. Mailing Address
150 WEST FLAGLER ST.

Suite Apt. #, etc.

Suite Apt. #, etc.

150

150

City & State

City & State

MIAMI, FLORIDA

MIAMI, FLORIDA

Zip

Country

Zip

Country

33130

U.S.A.

33130

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBBINS, ROBERTA E ESQ.
9300 S. DADELAND BLVD, SUITE 313
MIAMI FL 33156

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 obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ROBBINS, MICHAEL
7745 S.W. 86TH STREET, APT. D319
MIAMI FL 33143

☐ Delete

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

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☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-03

305-358-1710

Date

Daytime Phone #

CR2E034 (10/02)