FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P05000081944

1. Entity Name JAMES MULHERN INC.

FILED
06 MAY -1 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4045 NW 22 ST.	4045 NW 22 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
COCONUT CREEK FL.	
City & State	City & State
33066 BROWARD	COCONUT CREEK FL
Zip / Country	Zip / Country
	33066 BROWARD

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3807741 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Spiegel & Utrera, P.A.

Street Address (P.O. Box Number is Not Acceptable): 1840 Coral Way, 4th Floor

City: Miami **FL** Zip Code: 33145

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 _____ DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so (See criteria on back) ☑

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. V/T/D OFFICERS AND DIRECTORS

TITLE P NAME P/S V/S JAMES MULHERN STREET ADDRESS 4045 NW 22 ST CITY-ST-ZIP COCONUT CREEK FL 33066		TITLE NAME STREET ADDRESS CITY-ST-ZIP	300074821173 05/18/06 01035 014 **150.00
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TLE AME REET ADDRESS TY-ST-ZIP		TITLE 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES MULHERN 4-25-06 954-978-9752
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #