

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90044 021 ****61.25

0052822

DOCUMENT # P34411

1. Entity Name

MISSION POSSIBLE THRIFT SHOP, INC.

Principal Place of Business

Mailing Address

**165 E HILLSBORO BLVD
 DEERFIELD BEACH FL 33441**

**165 E HILLSBORO BLVD
 DEERFIELD BEACH FL 33441**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

47-0655645

Applied For

Not Applicable

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

**MUELLER, RALPH
 617 SE 8TH AVENUE
 DEERFIELD BEACH FL 33441**

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.

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 \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **MUELLER, RALPH**
 CITY-ST-ZIP **617 SE 8TH AVE.
 DEERFIELD BEACH FL**

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

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **MUELLER, GUY**
 CITY-ST-ZIP **797 MALLARD DRIVE
 DELRAY BEACH FL**

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

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **TARRIEN, MARY JO**
 CITY-ST-ZIP **1402 FULMAR DR.
 DELRAY BEACH FL**

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

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **MUELLER, M. VERONICA**
 CITY-ST-ZIP **617 SE 8TH AVE.
 DEERFIELD BEACH FL**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **LAVOIE, LUANN**
 CITY-ST-ZIP **3280 SW 2ND ST
 DEERFIELD BCH FL**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MUELLER, LEO**
 CITY-ST-ZIP **7495 SANTA YSABEL
 ATASCADERO CA 93422**

☒ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS **5440 LINDA RD.**
 CITY-ST-ZIP **ATASCADERO, CA 93422**

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 617, 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:

Ralph Mueller **Ralph Mueller**

1-9-01 954-429-3165

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)