

# 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 entity.

CR2E037 (10/00)