

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P92000012756**

1. Entity Name

**MIKE COSTA FOLIAGE, INC.****FILED**  
**Jan 20, 2001 8:00 am**  
**Secretary of State**

01-20-2001 90019 036 \*\*\*150.00

0499737

Principal Place of Business 14201 S.W. 216TH ST. MIAMI FL 33170	Mailing Address 14201 S.W. 216TH ST. MIAMI FL 33170
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**C0006765**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0389736</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent****FREED, OWEN S**  
**150 W. FLAGLER ST.**  
**SUITE 2200**  
**MIAMI FL 33130****7. Name and Address of New Registered Agent**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	COSTA, MIGUEL A	NAME	
STREET ADDRESS	14000 SW 216 ST	STREET ADDRESS	
CITY-ST-ZIP	GOULDS FL 33170	CITY-ST-ZIP	
TITLE	VSD	TITLE	
NAME	KANOLD, JENNIFER C	NAME	
STREET ADDRESS	888 BRICKELL KEY DR #2307	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	FREED, OWEN S	NAME	
STREET ADDRESS	150 W FLAGLER STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	COSTA, MICHAEL	NAME	
STREET ADDRESS	14201 SW 216 ST	STREET ADDRESS	
CITY-ST-ZIP	GOULDS FL 33170	CITY-ST-ZIP	
TITLE	T	TITLE	
NAME	KANOLD, JESPER	NAME	
STREET ADDRESS	888 BRICKELL KEY DR #2307	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 Block 12 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

Date

Daytime Phone #

CR2E034 (10/00)