

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000030797

1. Entity Name

MICO TRADE CORP.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90075 024 ***150.00

Principal Place of Business

Mailing Address

8600 N.W. SOUTH RIVER DR.
SUITE 159
MIAMI FL 33166

8600 N.W. SOUTH RIVER DR.
SUITE 159
MIAMI FL 33166-7448

2. Principal Place of Business

3. Mailing Address

1 GROVE ISLE DR.

1 GROVE ISLE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1502

1502

City & State

City & State

COCONUT GROVE, FL

COCONUT GROVE, FL

Zip

Country

Zip

Country

33133

USA

33133

USA

4. FEI Number

65-0408357

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

HICKS, PAUL F
8600 N.W. S. RIVER DRIVE, SUITE 159
MIAMI FL 33166

Name

PAUL F. HICKS

Street Address (P.O. Box Number is Not Acceptable)

1 GROVE ISLE DR.

APT 1502

City

COCONUT GROVE FL

Zip Code

33133

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, 2000 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 P
NAME HICKS PAUL F.
STREET ADDRESS 8600 NW SO RIVER DR.
CITY-ST-ZIP MIAMI FL 33166 ☐ Delete

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

TITLE VPS
NAME HICKS BEATRZ L.
STREET ADDRESS 8600 NW SO RIVER DR.
CITY-ST-ZIP MIAMI FL ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 (9/99)