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

## Apr 11, 2001 8:00 am Secretary of State DOCUMENT # P93000048537 MICHAEL & PHILIP, INC. 4-11-2001 90031 015 \*\*\*150.00 Principal Place of Business Mailing Address 1440 NORTH FEDERAL HIGHWAY 1440 NORTH FEDERAL HIGHWAY FORT LAUDERDALE FL 33304 FORT LAUDERDALE FL 33304 943586 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0425983 Not Applicable -Country----Zip Country \$8:75-Additional~ 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMALLCORN, MICHAEL P Street Address (P.O. Box Number is Not Acceptable) 1440 N FEDERAL HIGHWAY STE. 110 FT LAUDERDALE FL 33304 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Delete ☐ Change ☐ Addition TITLE TITLE SMALLCORN, PHILIP J NAME NAME 1440 NORTH FEDERAL HIGHWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33304 ☐ Addition TITLE ☐ Delete ☐ Change SMALLCORN, MICHAEL P NAME NAME 1440 NORTH FEDERAL HIGHWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33304 CITY-ST-ZIP -TITLE - ---Delete TITLÈ Change Addition SMALLCORN, ROBERT F NAME NAME STREET ADDRESS 1440 NORTH FEDERAL HIGHWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33304 TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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:

COLLOWN
RINTED NAME OF SIGNING OFFICER OR DIRECTOR