

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000061734

1. Entity Name

STEVEN J. MITCHEL & ASSOCIATES, P.A.

FILED

Apr 22, 2000 8:00 am  
Secretary of State

04-22-2000 90030 024 \*\*\*150.00

Principal Place of Business

2997 DAY AVENUE  
MIAMI FL 33133  
US

Mailing Address

2997 DAY AVENUE  
MIAMI FL 33133-7203  
US

042300

2. Principal Place of Business

17130 Arvida Parkway  
Suite, Apt. #, etc.  
Suite #1

3. Mailing Address

17130 Arvida Parkway  
Suite, Apt. #, etc.  
Suite #1

DO NOT WRITE IN THIS SPACE

City & State

WESTON FL

City & State

Weston FL

4. FEI Number

65-0430312

Applied For

Not Applicable

Zip

33331

Country

US

Zip

33331

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MITCHEL, STEVEN J  
2997 DAY AVENUE  
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name Steven J. Mitchel

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

17130 Arvida Parkway  
Suite #1

City Weston

FL

Zip Code 33331

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

4/14/00

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

TITLE D  
NAME MITCHEL, STEVEN J  
STREET ADDRESS 2997 DAY AVENUE  
CITY-ST-ZIP MIAMI FL 33133 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE A  
NAME Mitchel, Steven J. ☒ Change ☐ Addition  
STREET ADDRESS 17130 Arvida Parkway, Suite #1  
CITY-ST-ZIP Weston, FL 33331

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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 #

4/14/00

(305)447-9900