

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90196 036 ***150.00

DOCUMENT # P94000003988

1. Entity Name

MID-SHIP, INC.

Principal Place of Business

Mailing Address

**255 MINORCA AVENUE
 CORAL GABLES FL 33134-4405**

**255 MINORCA AVENUE
 CORAL GABLES FL 33134-4405**

2. Principal Place of Business

9500 S DADELAND BLVD

3. Mailing Address

9500 S DADELAND BLVD

Suite, Apt. #, etc.

STE 610

Suite, Apt. #, etc.

STE 610

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0490109

Applied For

Not Applicable

Zip

33156

Country

MIAMI

Zip

33156

Country

MIAMI

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DELUCA, MATTHEW J
 255 MINORCA AVENUE
 CORAL GABLES FL 33134-4405**

7. Name and Address of New Registered Agent

Name

DELUCA MATTHEW J

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

9500 S DADELAND BLVD STE 610

City

MIAMI

FL

Zip Code

33156

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

[Signature]
2/2/01

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			
	DELUCA, MATTHEW J	255 MINORCA AVENUE	CORAL GABLES FL 33134-4405	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		9500 S DADELAND BLVD STE 610	MIAMI FL 33156		
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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

[Signature]
2/2/01

Date

Daytime Phone #

CR2E034 (10/00)