

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000043224

1. Entity Name

CAROLINE MITCHELL, P.A.

FILED
Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90041 047 ***150.00

Principal Place of Business

1820 N.E. 163RD ST.
SUITE 302
NORTH MIAMI BEACH FL 33162

Mailing Address

1820 N.E. 163RD ST.
SUITE 302
NORTH MIAMI BEACH FL 33162-4787

2. Principal Place of Business

16375 NE 18 Ave

3. Mailing Address

16375 NE 18 Ave

(Suite) Apt. #, etc.

322

(Suite) Apt. #, etc.

322

City & State

NORTH MIAMI BEACH

City & State

NORTH MIAMI BEACH

Zip

33162

Country

USA

Zip

33162

Country

USA

4. FEI Number

65-0508052

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

MITCHELL, CAROLINE
1820 N.W. 163RD ST.
SUITE 303
NORTH MIAMI BEACH FL 33162

Name

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

City

FL

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.

CAROLINE MITCHELL, PRES.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/6/00

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 MITCHELL, CAROLINE
STREET ADDRESS 1820 N.E. 163RD ST., STE. 303
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 REQUIRED MITCHELL, PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/6/00 305 945 6063

Daytime Phone #