

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000043224

1. Entity Name

CAROLINE MITCHELL, P.A.

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90014 001 ***150.00

Principal Place of Business
16375 NE 18 AVE
322
NORTH MIAMI BEACH FL 33162

Mailing Address
16375 NE 18 AVE
322
NORTH MIAMI BEACH FL 33162

604450



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2405 MAGNOLIA DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

N. MIAMI

FL

4. FEI Number 65-0508052

Applied For

Not Applicable

Zip

Country

Zip

Country

33181

USA

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

CAROLINE MITCHELL

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

2405 MAGNOLIA DR.

City

N. MIAMI

FL

Zip Code

33181

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)

1/10/01

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, 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	D	MITCHELL, CAROLINE	1820 N.E. 163RD ST., STE. 303			D	MITCHELL, CAROLINE	2405 MAGNOLIA DR.	
			NORTH MIAMI BEACH FL 33162					N. MIAMI FL 33181	
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
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				<input type="checkbox"/> Delete					<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:

CAROLINE MITCHELL

1/10/01

305.945.6063

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0201735

CR2E034 (10/00)