**FILED** Apr 25, 2003 8:00 am Secretary of State 04-25-2003 90190 023 \*\*\*150.00

2003	<b>FOR</b>	PROFIT (	CORPORA	TION
<u>UNIFO</u>	RM B	<b>USINESS</b>	REPORT	(UBR

P94000055247 **DOCUMENT #** 

1. Entity Name

MICRON MANAGEMENT SERVICES CORP.

Principal Place of Business 2175 NE 120TH ST N MIAMI FL 33181

Mailing Address 2175 NE 120TH ST N MIAMI FL 33181

US	U\$									
2. Principal Place of Business 19620 PINES BLVO			3. Mailing Address 19620 PINES BLVD		0	1 1007/00/ 130 70/11	\$1811 BB3(1 \$40114 BB4)	F BAIDE BHOT OLLIO HIBLE		
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 114			CHECK HERE IF MAKING CHANGES					
2 2 City & State			City & State    FEMBROKE	City & State PEMBROKE PINES FL		4. FEI Number 65-0	)509162	<del></del>	pplied For ot Applicable	
Zip 3306	Zip Country Zip 3			Zip 32029 Country		5. Certificate of Status Desired				
6. Name and Address of Current Registered Agent				'Nlagara	7. Name and Address of New Registered Agent					
MITTELBERG, BARRY S 2417 UNIVERSITY DR					Name RON LANEVE  Street Address (P.O. Box Number is Not Acceptable)  19620 PINES BLVD					
SUITE 12					C. L.	- 11/1	<u> </u>			
CORAL SPRINGS FL 33071				City	City PEMBEONE PLACES FL ZIP.GOOD 29					
	ions of regist	Kmo	VL.			d agent, or both, in the	State of Florida.	l am familiar with,	and accept	
	Signature, typed	or printed name of registered agent ar	nd title if applicable. (NOTE	:: Registered Agent signa	ature required w	hen reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees										
10.		OFFICERS AND D	<u></u>	11.	<del></del>	ADDITIONS/CHANGE	S TO OFFICER	S AND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LANEVE, F 2175 NE N MIAMI F	RONALD 20TH ST	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		LD LANEVED PINES DLVL	STE 119	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD	MCHELLE M 20TH ST.	□ Delete	THTLE NAME STREET ADDRESS CITY-ST-ZIP	NTO MICH 1962	ELLE LANEV O PINES BLA MOKE PINE	IE ID StE	🔀 Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		* .	Delete	_ TITLE NAME STREET ADDRESS CITY-ST-ZIP			~	. Change	Addition	
TITLE NAME STREET ADDRESS GITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET AODRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
TITLE	_		∏ Delete	TITLE	1			☐ Change	Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP