

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90055 025 ***158.75

DOCUMENT # P95000028831

1. Entity Name
MICHELLO, INC.

Principal Place of Business
**1450 BRICKELL BAY DR
APT 808
MIAMI FL 33131**

Mailing Address
**1450 BRICKELL BAY DR
APT 808
MIAMI FL 33131**



2. Principal Place of Business
12227 SW 131st Ave
Suite, Apt. #, etc.

3. Mailing Address
12227 SW 131st Ave
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI FLORIDA
Zip
33186
Country
US

City & State
MIAMI FLORIDA
Zip
33186
Country
US

4. FEI Number **65-0573084**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GANDOLFO, EDUARDO A
1450 BRICKELL BAY DR
APT 808
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name
GANDOLFO EDUARDO A
Street Address (P.O. Box Number is Not Acceptable)
7600 SW 136th Street
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

DATE **04/16/02**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 Delete
NAME **PS
GANDOLFO, EDUARDO A**
STREET ADDRESS **1450 BRICKELL BAY DR APT 808**
CITY-ST-ZIP **MIAMI FL 33131**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME **PS
GANDOLFO EDUARDO A**
STREET ADDRESS **7600 SW 136th Street**
CITY-ST-ZIP **MIAMI, FL 33156**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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: **EDUARDO A. GANDOLFO** Date **04/16/02** Daytime Phone # **(305)256-1909**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (9/01)