

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90169 020 ***158.75

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DOCUMENT # P95000028831

1. Entity Name
MICHELLO, INC.



Principal Place of Business
**12227 SW 131ST AVE
MIAMI FL 33186**

Mailing Address
**12227 SW 131ST AVE
MIAMI FL 33186**

2. Principal Place of Business
1421 S.W. 8th Street

3. Mailing Address
1421 S.W. 8th Street


Suite, Apt. #, etc.
Ste 2 **# 2**

City & State
Miami Florida

City & State
Miami Florida

Zip
33135 **33135**

Country



CHECK HERE IF MAKING CHANGES

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
7600 SW 136TH ST
MIAMI FL 33156**

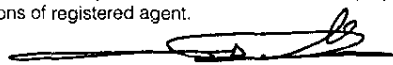
7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **04/30/02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS GANDOLFO, EDUARDO A 7600 SW 136TH ST. MIAMI FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **04/30/02** DAYTIME PHONE # **(786) 251-7972**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E084 (10/02)