

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000033305

1. Entity Name

MITCHELL 2 INTERNATIONAL, INC.

FILED

Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90612 047 ***150.00

Principal Place of Business

Mailing Address

1007 N FED HWY
#84
FT. LAUDERDALE FL 33301
US

C/O ACCTG & BUSINESS CONSULTS
17 ROSE DR
FT LAUDERDALE FL 3316-1041
US

2. Principal Place of Business

3. Mailing Address

1350 River Reach Drive
Suite, Apt. #, etc.
Unit #408

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0575476

Applied For

Not Applicable

Zip 33315

Country

Zip

Country

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, GREGORY N
1007 N. FEDERAL HWY #84
FT. LAUDERDALE FL 33304

Name

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

1350 River Reach Dr., Unit 408

City

FL

Zip Code 33315

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)

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MITCHELL, GREGORY N 1007 N. FEDERAL HWY 84 FT. LAUDERDALE FL 33304	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MITCHELL, E J 1007 N. FEDERAL HWY 84 FT. LAUDERDALE FL 33304	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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 1350 River Reach Dr., Unit #408 33315
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1350 River Reach Dr., Unit #408 33315
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: Gregory N Mitchell GREGORY N. Mitchell 4-19-00 954-761-1183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #