.2001 UNIFORM BUSINESS REPORT (UBR)

May 03, 2001 8:00 am Secretary of State DOCUMENT # **P95000033305** MITCHELL 2 INTERNATIONAL, INC. 05-03-2001 90912 002 ***150.00 Principal Place of Business Mailing Address 1350 RIVER REACH DR. C/O ACCTG & BUSINESS CONSLTS **#**408 17 ROSE DR FORT LAUDERDALE FL 33315 FT LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 65-0575476 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MITCHELL, GREGORY N Street Address (P.O. Box Number is Not Acceptable) 1007 N. FEDERAL HWY #84 <u>1350 RIVER REACH DR</u> FT. LAUDERDALE FL 33304 #408 LAUDERDALE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME MITCHELL, GREGORY N 1350 RIVER REACH DR #408 STREET ADDRESS STREET ADDRESS 1007 N. FEDERAL HWY 84 CITY-ST-ZIP CITY-ST-7IP FT LAUDERDALE FL 33315 FT. LAUDERDALE FL 33304 TITLE DVP ☐ Delete TITLE XX Change ☐ Addition NAME MITCHELL, E J NAME STREET ADDRESS STREET ADDRESS 1007 N. FEDERAL HWY 84 1350 RIVER REACH DR #408 CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33304 FT LAUDERDALE, FL 33315 - Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change T Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

STREET ADDRESS

CITY-ST-ZIP

V 4-29-01

Addition