

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90130 038 ***150.00

DOCUMENT # P95000033305

1. Entity Name
MITCHELL 2 INTERNATIONAL, INC.



Principal Place of Business
1350 RIVER REACH DR.
#408
FORT LAUDERDALE FL 33315
US

Mailing Address
C/O ACCTG & BUSINESS CONSLTS
17 ROSE DR
FT LAUDERDALE FL 33316
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

c/o Acctg. & Bus. Cnslts.
1535 SE 17th St., B206

City & State

Fort Lauderdale, FL
33316 U.S.

Zip

Country

Zip

Country

4. FEI Number

65-0575476

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MITCHELL, GREGORY N
1350 RIVER REACH DRIVE
FORT LAUDERDALE FL 33315

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

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
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
DP
MITCHELL, GREGORY N
1350 RIVER REACH DRIVE # 408
FORT LAUDERDALE FL 33315

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
MITCHELL, E J
1350 RIVER REACH DRIVE # 408
FORT LAUDERDALE FL 33315

☐ Delete

TITLE
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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:

ES Mitchell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

13/17/2003 248-357-7244

CR2E034 (10/02)