

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000048728

1. Entity Name
MIF INVESTMENTS, INC.

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90036 026 ***150.00

Principal Place of Business
44 SUNSET BAY DRIVE
BELLAIRE FL 34616

Mailing Address
44 SUNSET BAY DRIVE
BELLAIRE FL 34616



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
921 S. Missouri ave

3. Mailing Address
921 S. Missouri ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Clearwater FL

City & State
Clearwater FL

City & State
↓

4. FEI Number 59-3368441

Applied For

Not Applicable

Zip
33756

Country
USA

Zip
33756

Country
USA

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

MARKOU, ILIANA
44 SUNSET BAY DRIVE
BELLAIRE FL 34616

Name
Michael and ILIANA Markou

Street Address (P.O. Box Number is Not Acceptable)
921 S. Missouri ave

City
Clearwater FL 33756

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 _____ (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, 2001 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	PSD MARKOU, MICHAEL DO 44 SUNSET BAY DRIVE BELLAIRE FL 34616	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD MARKOU, ILIANA 44 SUNSET BAY DRIVE BELLAIRE FL 34616	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)