

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/4/

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90032 040 \*\*\*150.00

**DOCUMENT # P95000088849**

1. Entity Name  
**MIGHTY-MITES, INC.**

Principal Place of Business  
 14266 SW 119TH AVE  
 MIAMI FL 33186  
 US

Mailing Address  
 7030 SW 144 PL  
 MIAMI FL 33183  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**7030 SW 144 Place**  
 Suite, Apt. #, etc.  
**Miami, FL**  
 City & State

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State

4. FEI Number **65-0649905**

Applied For  
 Not Applicable

Zip **33183** Country **USA**

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SLACK, JAMES**  
**7030 SW 144 PL**  
**MIAMI FL 33183**

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.

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, 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SLACK, MARIA C	
STREET ADDRESS	7030 SOUTHWEST 144 PLACE	
CITY-ST-ZIP	MIAMI FL 33181-2142	
TITLE	S	<input type="checkbox"/> Delete
NAME	SLACK, DAVID J	
STREET ADDRESS	7030 SOUTHWEST 144 PLACE	
CITY-ST-ZIP	MIAMI FL 33181-2142	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SLACK, GINA A	
STREET ADDRESS	7030 SOUTHWEST 144 PLACE	
CITY-ST-ZIP	MIAMI FL 33181-2142	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE: Maria C Slack President May 10, 2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)