FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State
04-21-2002 90912 049 ***150.00

DOCUMENT # P95000091733

1. Entity Name
Micro Business Solutions Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
218 E. Pine Street
Suite, Apt. #, etc.
City & State: Lakeland Fl
Zip: 33801 Country: USA

3. Mailing Address
P.O. Box 2040
Suite, Apt. #, etc.
City & State: Lakeland Fl
Zip: 33806 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0629213 Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Dezayas, Bruno F. Esq.
Street Address (P.O. Box Number is Not Acceptable): 5120 South Lakeland Drive Suite 3
City: Lakeland FL Zip Code: 33813

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 is called for in the following section — DATE

9. Has corporation is eligible to satisfy its intangible tax filing requirement and elects to do so (See criteria on back) ☐

January 1 - May 1 Fee Is $150.00
After May 1 Fee Is $550.00
Amended UBR Is $61.25
Make Check Payable to Department of State

10. Election Campaign Financial Trust Fund Contribution ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
Montero, Emilio F. JR	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address with all other like empowered.

SIGNATURE: Emilio M. 4-9-02 863 577-0030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(10/01) PROCESSED