

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000013635

1. Entity Name

MICRO SERVICES INDUSTRIES INC

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90063 010 ***150.00

Principal Place of Business

Mailing Address

6163 NW 182ND TERRACE
HIALEAH FL 33015

6163 NW 182ND TERRACE
HIALEAH FL 33015-5622

2. Principal Place of Business

6163 NW 182 Terrace

3. Mailing Address

6163 N.W. 182 Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah

City & State

Hialeah Florida

4. FEI Number

65-0652429

Applied For

Not Applicable

Zip

33015

Country

U.S.A.

Zip

33015-5622

Country

U.S.A.

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

CAMPBELL, TREVOR
6163 NW 182ND TERRACE
HIALEAH FL 33015

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, 2000 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	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CAMPBELL, TREVOR		NAME		
STREET ADDRESS	6163 NW 182ND TERRACE		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33015		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CAMPBELL, LEA A		NAME		
STREET ADDRESS	6163 NW 182ND TERRACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33015		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02-21-2000 305-557-1149

CR2E034 (9/99)