APR-25-2001 16:11 GWSJ LLP

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State
05-10-2001 90130 023 ***150.00

DOCUMENT # P96000032577 ✓

1. Entity Name

MIKONA, INC.

Principal Place of Business	Mailing Address
12243 LACEWOOD LANE WEST PALM BEACH, FL 33414	12243 LACEWOOD LANE WEST PALM BEACH, FL 33414

A0063028

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2401 P.G.A. BLVD.	2401 P.G.A. BLVD.
Suite, Apt. #, etc.: 182	Suite, Apt. #, etc.: 182
City & State: P.B. GARDENS, FL	City & State: P.B. GARDENS, FL
Zip: 33410 Country: U.S.	Zip: 33410 Country: U.S.

4. FEI Number: 65-0660107 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MICHAEL E. BROWN
12243 LACEWOOD LANE
WEST PALM BEACH, FL 33414

7. Name and Address of New Registered Agent

Name: MICHAEL E. BROWN
Street Address (P.O. Box Number is Not Acceptable): 2401 P.G.A. BLVD., STE #182
City: PALM BEACH GARDENS FL Zip Code: 33410

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] 4/25/01
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	D ☐ Delete
NAME	MICHAEL E. BROWN
STREET ADDRESS	12243 LACEWOOD LANE
CITY-ST-ZIP	WEST PALM BEACH, FL 33414
TITLE	S ☐ Delete
NAME	NONA L. BROWN
STREET ADDRESS	12243 LACEWOOD LANE
CITY-ST-ZIP	WEST PALM BEACH, FL 33414
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (11/00)

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] 4/25/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #