

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90125 039 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000094264

1. Entity Name

Mish Management, Inc.

90037762

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

11602 NE 196 St

11602 NE 196 St

NmBch, Florida

NmBch, Florida

33179

USA

33179

USA

4. FEI Number

650717039

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 Szymon Trojecki

Street Address (P.O. Box Number is Not Acceptable)

11602 NE 196 St

Nm. Beach

FL

33179

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 heretofore)

DATE

9. This 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 \$350.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

TITLE DP
NAME Szymon Trojecki
STREET ADDRESS 11602 NE 196 St
CITY - ST - ZIP NmBch, FL 33179

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-03

Date

Daytime Phone

CR2E034B (12/01)