

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 07, 2000 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000100154**

1. Entity Name  
**MICHAEL ATWELL EXPORTS, INC.**

Principal Place of Business 7005 S.W. 138TH COURT MIAMI FL 33183	Mailing Address 7005 S.W. 138TH COURT MIAMI FL 33183
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2. Principal Place of Business 10424 SW 129 TERRACE Suite, Apt. #, etc.	3. Mailing Address 10424 SW 129 TERRACE Suite, Apt. #, etc.
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City & State MIAMI FL	City & State MIAMI FL
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4. FEI Number <b>65-0715676</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip 33176	Country	Zip 33176	Country
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

ATWELL MICHAEL A  
 7005 S.W. 138TH COURT  
 MIAMI FL 33183

**7. Name and Address of New Registered Agent**

Name  
ATWELL MICHAEL A  
 Street Address (P.O. Box Number is Not Acceptable)  
10424 SW 129 TERRACE  
 City MIAMI FL Zip Code 33176

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 MICHAEL A. ATWELL DATE 01/07/2000  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

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			
TITLE	VSD <input type="checkbox"/> Delete	NAME	ATWELL MARGARET A
STREET ADDRESS	7005 S.W. 138TH COURT	CITY-ST-ZIP	MIAMI FL 33183
TITLE	PTD <input type="checkbox"/> Delete	NAME	ATWELL MICHAEL A
STREET ADDRESS	7005 S.W. 138TH COURT	CITY-ST-ZIP	MIAMI FL 33183
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	

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: Michael A. Atwell

RTD 01/07/2000