

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 15, 2003 8:00 am
Secretary of State

06-16-2003 90144 046 ***150.00

DOCUMENT # P97000017612

1. Entity Name
MIMI PRODUCTION LOCATION AUDIT SERVICES, INC.



Principal Place of Business
10275 COLLINS AVENUE
BAL HARBOR FL 33154

Mailing Address
10275 COLLINS AVENUE
APT. 5225
BAL HARBOUR FL 33154

33001555

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number 65-0737946

Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

GOLDMAN, MIRIAM
10275 COLLINS AVENUE
BAL HARBOR FL 33154

Name: NEIL ROTH, CPA
Street Address (P.O. Box Number is Not Acceptable)
1775 BROADWAY
City: NEW YORK, NY FL Zip Code: 10019

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6/12/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME P
STREET ADDRESS GOLDMAN, MIRIAM
CITY-ST-ZIP 10275 COLLINS AVENUE
BAL HARBOR FL 33154 ☐ Delete

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

12. 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 10 or Block 11 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

6/1/03 11:03 AM
Date Daytime Phone #

CR2E034 (10/02)

MIMI PRODUCTION LOCATION AUDIT SERVICES, INC.
10275 Collins Ave.
Apt. 522
Bal Harbour, Fla.
33154

Attachment

55051393
#P97000017612

July 9, 2003

Florida Dept. of State
Division of Corporations
P.O. Box 1500
Tallahassee, Fla.
32302

Ref. # P97000017612

Gentlemen:

As per my telephone conversation with your office July 8th 2003 I am removing the name of the new registered agent from my business report as there is no Florida address from him.

I was informed that this would complete the application and if could, therefore, be properly filed.

Thank you for your attention in this matter.

Very truly yours,



Miriam Goldman
Pres.

OPTIONAL FORM NO. 10 (REVISED 10-1-95) PREPARED BY U.S. GOVERNMENT PRINTING OFFICE: 1995-0-580-000
I AM SENDING YOU THIS COPY FOR YOUR RECORD. THE ORIGINAL IS BEING KEPT IN MY FILES.

TO BE KEPT FOR RECORD FROM THE
REGISTRATION DIVISION OF THE
FLORIDA DEPARTMENT OF STATE