

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

05-23-2001 91186 013 ****50.00
 07-10-2001 90116 026 ***100.00

DOCUMENT # P97000021693

1. Entity Name
MITCHELL'S FINANCIAL GROUP, INC.

Principal Place of Business
**6301 NW 7TH AVENUE STE E
 MIAMI FL 33150**

Mailing Address
**6301 NW 7TH AVENUE STE E
 MIAMI FL 33150**

2. Principal Place of Business
15992 NW 27th Ave

3. Mailing Address
15992 NW 27 Ave

Suite, Apt. #, etc.

City & State
Miami, FL 33054

City & State
Miami, FL

4. FEI Number **NOT APPLICABLE**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**MITCHELL, DOROTHY
 6301 NW 7TH AVENUE STE E
 MIAMI FL 33150**

7. Name and Address of New Registered Agent
 Name **Mark Mitchell**
 Street Address (P.O. Box Number is Not Acceptable)
15992 NW 27 Ave
 City **Miami** FL Zip Code **33054**

B. 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 **Mark Mitchell** of **President**
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.

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	P MITCHELL, DOROTHY 271 NW 151ST AVENUE PEMBROKE PINES FL 33028	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MITCHELL, MARK 271 NW 151ST AVENUE PEMBROKE PINES FL 33028	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Mark Mitchell** (305) 474-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CPRE034 (5/01)

Attachment 10040
p97000021693

attachment
[Redacted]

FOR <i>Mitchell's An. Group</i>	
PAY TO THE ORDER OF <i>H. Dept & State Div of Corp</i>	
DATE <i>4/15/10</i>	
MFG, LLC - INC. 15992 NW 27TH AVE MIAMI, FL 33054	
Washington Mutual 1-800-788-7000 24 Hour Customer Service 2400 NW 7 Avenue Miami, FL 33137 Miami Edison Financial Center 1721	
DOLLARS \$ <i>50.00</i>	
#0015891112670844311386111939111	#0000000500011
C0070144	1589

X

10040

Attachment 10040 # P97000021693

To whom it may concern

I just received a notice of re-instatement I did not receive any other notice before this one. My check in the amount of \$50.00 was cashed. (Copy enclosed) also included is a check in the amount of \$100.00 I am asking that the late fee be waived at this time.

Thank you

Ronny Mitchell

(305) 625-3250 or (305) 474-3200