

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90171 025 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P97000106474**  
 1. Entity Name  
**MICHA - EL, INC.**

Principal Place of Business      Mailing Address  
**3525 N.E. 171ST STREET**      **3525 N.E. 171ST STREET**  
**N. MIAMI BEACH FL 33160**      **N. MIAMI BEACH FL 33160**

2. Principal Place of Business      3. Mailing Address  
**6614 Villa Sunrise Dr**      **6614 Villa Sunrise Dr**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**122**      **122**  
 City & State      City & State  
**Boca Raton, FL**      **Boca Raton, FL**

Zip      Country      Zip      Country  
**33433**      **USA**      **33433**      **USA**

4. FEI Number      Applied For  
**65-0801305**       Not Applicable

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

6. Name and Address of Current Registered Agent  
**ADAM, MICHAEL**  
**3525 N.E. 171ST STREET**  
**N. MIAMI BEACH FL 33160**

7. Name and Address of New Registered Agent  
 Name **Karen Adam**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6614 Villa Sunrise Dr unit 122**  
 City **Boca Raton**      FL      Zip Code **33433**

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 Adams*      DATE: **4/24/02**  
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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	<b>D</b>	<b>ADAM, MICHAEL</b>	<b>3525 N.E. 171ST STREET</b> <b>N. MIAMI BEACH FL 33160</b>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
<b>Director</b>	<b>Karen Adam</b>	<b>6614 Villa Sunrise Dr #122</b>	<b>Boca Raton, FL 33433</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Karen Adam*      DATE: **4/24/02**      DAYTIME PHONE #: **305-467-3270**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)