

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000108241

1. Entity Name

MICA ACQUISITION COMPANY II, INC.

Principal Place of Business

1903 SOUTH CONGRESS AVE. SUITE 400  
BOYNTON BEACH FL 33426

Mailing Address

1903 SOUTH CONGRESS AVE. SUITE 400  
BOYNTON BEACH FL 33426-6559

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0818781

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, E. NICHOLAS III  
1903 S CONGRESS AVE  
#400  
BOYNTON BCH FL 33426

7. Name and Address of New Registered Agent

Name  
Daniel W. Bivins, Jr.

Street Address (P.O. Box Number is Not Acceptable)  
1903 S. Congress Ave.

Suite 400

City  
Boynton Beach

FL

Zip Code  
33426

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

*Daniel W. Bivins, Jr.*

Daniel W. Bivins, Jr.

4/28/00

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.  
(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          | PD                                 | <input type="checkbox"/> Delete            |
| NAME           | PERSHES, PAUL                      |  |
| STREET ADDRESS | 1903 SOUTH CONGRESS AVE, SUITE 400 |  |
| CITY-ST-ZIP    | BOYNTON BEACH FL 33426             |  |
| TITLE          | ST                                 | <input type="checkbox"/> Delete            |
| NAME           | KOBRIN, AUTHUR                     |  |
| STREET ADDRESS | 1903 SOUTH CONGRESS AVE, SUITE 400 |  |
| CITY-ST-ZIP    | BOYNTON BEACH FL 33426             |  |
| TITLE          | EVP                                | <input checked="" type="checkbox"/> Delete |
| NAME           | DAVIS, E. NICHOLAS III             |  |
| STREET ADDRESS | 1903 S CONGRESS AVE #400           |  |
| CITY-ST-ZIP    | BOYNTON BCH FL 33426               |  |
| 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          | DIRECTOR                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |
| TITLE          | DIRECTOR                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |
| TITLE          | P                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Christopher Boscher       |  |
| STREET ADDRESS | 1903 S. Congress Ave #400 |  |
| CITY-ST-ZIP    | Boynton Beach FL 33426    |  |
| TITLE          | DIRECTOR                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Louis Capace              |  |
| STREET ADDRESS | 1903 S. Congress Ave #400 |  |
| CITY-ST-ZIP    | Boynton Beach FL 33426    |  |
| TITLE          | V                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Don Jones                 |  |
| STREET ADDRESS | 1903 S. Congress Ave #400 |  |
| CITY-ST-ZIP    | Boynton Beach FL 33426    |  |
| TITLE          | S                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Denise Schumann           |  |
| STREET ADDRESS | 1903 S. Congress Ave #400 |  |
| CITY-ST-ZIP    | Boynton Beach FL 33426    |  |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Denise Schumann* 4/28/00 (561) 737-2227

Date

Daytime Phone #

CR2E034 (9/99)

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90268 015 \*\*\*150.00



DO NOT WRITE IN THIS SPACE