

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000027431**

1. Entity Name

MITCHELL & ASSOCIATES, P.A.

Principal Place of Business

Mailing Address

**2650 BISCAYNE BOULEVARD
MIAMI FL 33137****2650 BISCAYNE BOULEVARD
MIAMI FL 33137**

2. Principal Place of Business

2600 Douglas Road

3. Mailing Address

2600 Douglas Road

Suite, Apt. #, etc.

304

Suite, Apt. #, etc.

304

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33134

Country

Dade

Zip

33134

Country

Dade

4. FEI Number

65-0823526

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**MITCHELL, GEORGE ESQ
2650 BISCAYNE BOULEVARD
MIAMI FL 33137**

7. Name and Address of New Registered Agent

Name

George Mitchell, Esq.

Street Address (P.O. Box Number is Not Acceptable)

2600 Douglas Road**Suite 304**

City

Coral Gables,**FL**

Zip Code

33134

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

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, 2001 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	PTD	<input type="checkbox"/> Delete
NAME	MITCHELL, GEORGE O	
STREET ADDRESS	2650 BISCAYNE BOULEVARD	
CITY-ST-ZIP	MIAMI FL 33137	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mitchell, George O.	
STREET ADDRESS	2600 Douglas Road, Ste. 304	
CITY-ST-ZIP	Coral Gables, FL 33134	
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 or powers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90025 010 ***150.00

H00000011



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)