

05/28/2002 01:57:014\*\*\*\*61.25  
P98000027578

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

02 JUN -4 PM 2:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000027578

1. Entity Name

MUTINY UNITS, INC.

AMENDED

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1401 Brickell Ave

Suite, Apt. #, etc.

Suite 530

City & State

Miami, FL

Zip

33131

Country

USA

3. Mailing Address

1401 Brickell Ave

Suite, Apt. #, etc.

Suite 530

City & State

Miami FL

Zip

33131

Country

USA

4. FEI Number

05-0844963

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

William Downing

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

1401 Brickell Ave

Suite 530

City

Miami

FL

Zip Code

33131

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

W Downing

President

04/29/02

Signature, typed or printed name of registered agent and fees applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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-STATE-ZIP  
PTD  
Downing, William  
1401 Brickell Ave Suite 530  
Miami, FL 33131

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
S  
Downing, Teresa  
1401 Brickell Ave Suite 530  
Miami, FL 33131

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE

W Downing

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/02

305-374-6055

Daytime Phone #

CR2E034B (1/201)