

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90484 045 ***150.00

DOCUMENT # P98000094773

1. Entity Name

MITCHELL, STEVENS & KLEIN, INC.

Principal Place of Business

**1300 N. FEDERAL HWY
 STE 106
 BOCA RATON FL 33432**

Mailing Address

**1300 N. FEDERAL HWY
 STE 106
 BOCA RATON FL 33432**

2. Principal Place of Business

23257 STATE RD 7

3. Mailing Address

P.O. Box 970095

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33428

Country

USA

Zip

33497

Country

USA

4. FEI Number

65-0874637

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**ROSILLO, ROBERT A
 501 SEA OATS DRIVE STE. A-1
 JUNO BEACH FL 33408**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 **D** ☐ Delete
 NAME **BATTAGLIA, DEBRA A**
 STREET ADDRESS **10236 BOCA ENTRADA BLVD. #105**
 CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE **D** ☐ Delete
 NAME **HUGHES, ALLAN G**
 STREET ADDRESS **269 NW 69TH ST**
 CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **D** ☐ Delete
 NAME **HUGHES, PATRICIA**
 STREET ADDRESS **269 NW 69TH ST**
 CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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 empowered.

SIGNATURE:

Debra Battaglia
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-12-01 561-218-9227

CR2E034 (10/00)