

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

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90335 023 ***150.00

DOCUMENT # P99000011112

1. Entity Name

MIKEL, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2211 Ponce De Leon Blvd.

3. Mailing Address

2211 Ponce De Leon Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Coral Gables, FL

City & State

Coral Gables, FL

4. FEI Number

650893187

Applied For

Not Applicable

Zip
33134

Country
USA

Zip
33134

Country
USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Michael P Campbell

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

14551 SW 146th Place

City

Miami,

FL

Zip Code

33186

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.

Michael P Campbell President

5-28-02

(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) ☐

**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
President
NAME
Michael P Campbell
STREET ADDRESS
14551 SW 146th Place
CITY-ST-ZIP
Miami, FL 33186

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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)(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 on an attachment with an address, with an office like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael P Campbell President 5-28-02

Date

Daytime Phone #

CR2E034B (12/01)

Attachment *B0131428*

**MIKEL, INC.
2211 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134**

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Doc # P99000011112

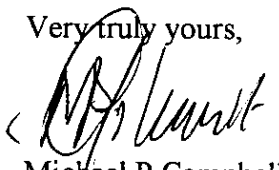
Dear Sir:

Enclosed please find a check for \$150.00 to cover annual report fees for CY 2002 and a completed UBR form. I never received the renewal form.

Please accept this check in good faith, I was not aware until my accountant brought it up to my attention. I sincerely hope that you would take this into consideration.

Thank you.

Very truly yours,


Michael P Campbell
President