


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

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90046 009 ***150.00

DOCUMENT # P. 99000011112	
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.	
City & State Coral Gables.		City & State Coral Gables.	
Zip 33134	Country U.S.A.	Zip 33134	Country U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0893187		Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name MICHAEL CAMPBELL	
	Street Address (P.O. Box Number is Not Acceptable) 2211 Ponce De Leon Blvd.	
	City CORAL GABLES	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$350.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS MICHAEL P. CAMPBELL 2211 Ponce De Leon Blvd. Coral Gables FL, 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **5. 1. 02. 305-773-3592**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)