

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000023131

1. Entity Name

MICOLTA CORPORATION

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90227 044 ***150.00

Principal Place of Business

Mailing Address

1090 E. 15TH STREET
HIALEAH FL 33010

1090 E. 15TH STREET
HIALEAH FL 33010-3314



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0937914

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORRIGAN, JOHN P
444 BRICKELL AVENUE
SUITE #300
MIAMI FL 33131

Name
William Gerstein
Street Address (P.O. Box Number is Not Acceptable)
1300 N Federal Hwy
Suite 203
Boca Raton FL Zip Code 33432

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 William Gerstein William Gerstein, Registered Agent 04/06/2000

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT
NAME MICOLTA, LUCIO ☒ Delete
STREET ADDRESS 2933 MADISON STREET
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE DPST
NAME Lucio Micolta ☐ Change ☒ Addition
STREET ADDRESS 1090 E 15 Street
CITY-ST-ZIP Hialeah, FL 33010

TITLE DVSD
NAME MICOLTA, MONICA ☒ Delete
STREET ADDRESS 2933 MADISON STREET
CITY-ST-ZIP HOLLYWOOD FL 33020

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-04-2000

Date

3059940455

Daytime Phone #

CR2E034 (9/99)