

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

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90107 033 ***150.00

DOCUMENT #

1. Entity Name

P99000023131
MICOLTA CORPORATION

040010

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1090 E 15 Street

3. Mailing Address

1090 E 15 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Hialeah, FL

City & State

Hialeah, FL

4. FEI Number

65-0937914

Applied For

Not Applicable

Zip

33010

Country

USA

Zip

33010

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

William Gerstein

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

700 S Federal Hwy. Ste. 200

City

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

4-24-2002

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) ☐

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- ST- ZIP

PSTO
Lucio Micolta
1090 E 15 Street
Hialeah, FL 33010

TITLE
NAME
STREET ADDRESS
CITY- ST- 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 empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lucio Micolta, Pres.

4/24/2002

954-448-6583

Date

Daytime Phone #

CR2E034B (12/01)