2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 13, 2000 8:00 am
Secretary of State
05-23-2000 90256 004 ***150.00

DOCUMENT # P99000030616

1. Entity Name
MIMCO MARKETING & DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
4740 PINE TREE DRIVE #28 MIAMI BEACH FL 33140	4740 PINE TREE DRIVE #28 MIAMI BEACH FL 33140

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-1018132 ☐ Applied For ☐ Not Applicable

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**
MILLER, MARTIN I 4740 PINE TREE DRIVE #28 MIAMI BEACH FL 33140	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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, MARTIN I 4740 PINE TREE DRIVE #28 MIAMI BEACH FL 33140	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS 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: Martin I. Miller Pres. MARTIN I. MILLER PRES. 7/6/2000 305-674-1254
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

P99000030616
308134

Professional Offices 1110 N.E. 163RD ST., SUITE 4, NORTH MIAMI BEACH, FL 33162

memorandum

Date: **07/07/00**

Number of pages including cover sheet: ____

To:

FL DEPT. OF STATE

Phone:

Fax phone:

CC:

From:

Alan Seif, CPA-Attorney

Phone: 305-945-6280

Fax phone: 305-945-0355

REMARKS: ☐ Urgent ☐ For your review ☐ Reply ASAP ☐ Please comment

THIS FORM WAS FILED TIMELY WITH THE PROPER PAYMENT.

IT WAS RETURNED FOR A FEIN.

THE TAXPAYER MISPLACED THE ORIGINAL FORM YOU RETURNED, AND SUBMITS THIS IN LIEU THEREOF.

SINCERELY,

ALAN B. SEIF, ATTORNEY