## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Jan 16, 2002 8:00 am Secretary of State P99000051106 DOCUMENT # 1. Entity Name MIGHTY INVESTMENT INC. 01-16-2002 90234 020 \*\*\*150.00 Principal Place of Business Mailing Address 6866 W. FLAGLER ST 6866 W. FLAGLER ST MIAMI FL 33144 MIAMI FL 33144 2. Principal Place of Business 3. Mailing Address 5805 BLUE LAGOON DR 5805 BLUE CAPPONDR DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0925050 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VIROG. LADISLAO Street Address (P.O. Box Number is Not Acceptable) 6866 W. FLAGLER ST MIAMI FL 33144 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition VIGO, LUIS A NAME NAME STREET ADDRESS 380 N.W. 58TH ST STREET ADDRESS MIAMI FL 33126 CITY-ST-ZIP CITY-ST-ZIP VD. TITLE ☐ Delete TITLE Change Addition VIGO, JORGE A NAME 380 N.W. 58TH ST STREET ADDRESS STREET ADDRESS MIAMI FL 33126 CITY-ST-ZIP CITY-ST-ZIP TITLE SD ☐ Defete TITLE ☐ Change Addition VIGO, DAISY A NAME 380 N.W. 58TH ST STREET ADDRESS STREET ADDRESS **MIAMI FL 33126** CITY-ST-ZIF CITY-ST-ZIP TD Delete TITLE ☐ Change Addition VIGO, LADISLAO NAME 380 N.W. 58TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33126 CITY-ST-ZIP TITLE ☐ Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

LADISLAO VIBO

NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER-DIRECTUR

**FILED** 

01-09-02 (305) 266-18121