

2000 UNIFORM BUSINESS REPORT (UBR)

pg 1 of 2

DOCUMENT # **P990000051063**

1. Entity Name

MI Intenors, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY 10 AM 8:27

Principal Place of Business

Mailing Address

11820 NW 23 Street

11820 NW 23 Street

Pembroke Pines, FL 33026

Pembroke Pines, FL

33026

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

05-0925196

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

00-01

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

Michael Irizarry

11820 NW 23 Street

Pembroke Pines, FL 33026

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

3/19/01

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!!!

After MAY 1, 2001

Make Check Payable

FEE IS \$150.00

Fee will be \$550.00

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 ☐ Delete

NAME **President**

STREET ADDRESS **Mike Irizarry**

CITY-ST-ZIP

TITLE ☐ Delete

NAME **President**

STREET ADDRESS **Michael Irizarry**

CITY-ST-ZIP **11820 NW 23 Street**

Pembroke Pines, FL 33026

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

MI Interiors, Inc.

Specializing in all Acoustical Ceilings
FRP Panels • Commercial Floor Coverings and Underlayments

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March 19, 2001

State of Florida
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

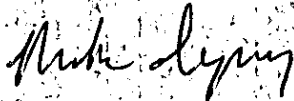
Please accept this letter as a formal request to review some special circumstances regarding my corporation's status.

It recently came to my attention that my corporation status is inactive as a result of not filing the Uniform Business Report. After doing some research, it appears that I never received the application, which is most likely due to the fact that my business relocated in July 2000 to a new address. Since that move, I have had several problems with mail being forwarded. Items arrive late, and sometimes not at all. It is a difficult situation for my business to have.

Due to this special attention, I would sincerely appreciate your consideration in processing the enclosed report for the normal filing fee of \$150.

Thank you in advance for your consideration and leniency. If you have any questions, or require additional information, please do not hesitate to contact me.

Sincerely,



Mike Irizarry
President
MI Interiors, Inc.