2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # **P99000081333** 1. Entity Name MICA V, INC. 04-30-2001 90085 010 ***150.00 Principal Place of Business Mailing Address 7326 LAKE WORTH RD. SUITE 1194 7326 LAKE WORTH RD. SUITE 1194 LAKE WORTH FL 33467 LAKE WORTH FL 33467 2. Principal Place of Business 3. Mailing Address 7318 LAKE WERTH SO 7318 LIKE WORD RO Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0946396 LAME WALTH 11/12 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 53-46) PALIT Rich R 201 33467 Oplar Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent W RATFIELD RATFIELD, LOUIS W Street Address (P.O. Box Number is Not Acceptable) 7326 LAKE WORTH RD LAKE WORTH FL 33467 LAKE WILTH RD 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 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 12. TITLE ☐ Delete TITLE Change LOUIS, W. RATFICLO NAME NAME 7318 LAKE WELTH RO STREET ACCRESS 7326 LAKE WORTH RD #1194 STRYET ADDRESS CITY-ST-ZIP LAKE WORTH FL 33467 CITY-ST-7IP LAKE WESTA FOR TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP TITI F ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

73. 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.16.61

561.642.7886

Daytime Phone #