

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000084298

1. Entity Name
UNIFORM MIKE ENTERPRISES, INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90192 013 ***150.00

Principal Place of Business
404 EDGEWOOD AVENUE
CLEARWATER FL 33755

Mailing Address
404 EDGEWOOD AVENUE
CLEARWATER FL 33755

2. Principal Place of Business
403 Edgewood Ave
Suite, Apt. #, etc.

3. Mailing Address
403 Edgewood Ave
Suite, Apt. #, etc.

City & State
Clearwater, FL
Zip 33755 Country USA

City & State
Clearwater, FL
Zip 33755 Country USA

4. FEI Number **APPLIED FOR**
52-2268345

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MINKOFF, URI
404 EDGEWOOD AVENUE
CLEARWATER FL 33755

7. Name and Address of New Registered Agent

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

27 April 2001

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

TITLE P
NAME MINKOFF, URI
STREET ADDRESS 403 EDGEWOOD AVE
CITY-ST-ZIP CLEARWATER FL 33755 ☐ Delete

TITLE VP
NAME MINKOFF, URI
STREET ADDRESS 403 CLEVELAND STREET
CITY-ST-ZIP CLEARWATER FL 33755 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Uri Minkoff

27 April 2001

Date

Daytime Phone #

727-466-6789

CR2E034 (10/00)