

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 09, 2001 8:00 am**  
**Secretary of State**

04-09-2001 90005 017 \*\*\*150.00

**DOCUMENT # P99000084382**

1. Entity Name  
**MIMMCO BAGS, INC.**

Principal Place of Business      Mailing Address  
**12298 SAWGRASS COURT      12298 SAWGRASS COURT**  
**WELLINGTON FL 33414      WELLINGTON FL 33414**

**523834**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**1465 Wiltshire Village Dr.      1465 Wiltshire Village Dr.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Wellington FL      Wellington FL**  
 Zip      Country      Zip      Country  
**33414      US      33414      US**

4. FEI Number      Applied For  
**65-0950406**       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**

**BERGERON, MARC**  
**1105-B BARNETT DRIVE**  
**LAKE WORTH FL 33461**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**1465 Wiltshire Village Dr.**  
 City      State      Zip Code  
**Wellington      FL      33414**

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: *Marc Bergeron/pres.*      DATE: **4/6/01**  
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 Tax filing requirement and elects to do so.  **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD</b> <b>BERGERON, MARGARET</b> <b>12298 SAWGRASS COURT</b> <b>WELLINGTON FL 33414</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1465 Wiltshire Village Drive</b> <b>Wellington FL 33414</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD</b> <b>BERGERON, MARC</b> <b>12298 SAWGRASS COURT</b> <b>WELLINGTON FL 33414</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1465 Wiltshire Village Drive</b> <b>Wellington FL 33414</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Marc Bergeron/pres.*      DATE: **4/6/01**      DAYTIME PHONE: **561-586-4800**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)