

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 990000 8607-7

1. Entity Name

MID WESTERN REMODELING INC.

Principal Place of Business

Mailing Address

101 WASHINGTON AVE. APT. #10
MIAMI BEACH FL. 33139

2. Principal Place of Business

800 WEST AVE.

3. Mailing Address

Suite, Apt. #, etc.

APT. # 1020

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL.

City & State

Zip

33139

Country

DADE

Zip

Country

4. FEI Number

65-0953734

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JEFF BALITEWICZ
101 WASHINGTON AVE. APT. #10
MIAMI BEACH FL. 33139

7. Name and Address of New Registered Agent

Name

JEFF BALITEWICZ

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

800 WEST AVE. APT. #1020

City

MIAMI BEACH

FL

Zip Code

33139

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-17-00

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, 2000 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 ☐ Delete
NAME P
STREET ADDRESS JEFF BALITEWICZ
CITY-ST-ZIP 800 WEST AVE. APT. #1020
MIAMI BEACH, FL. 33139

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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

JEFF BALITEWICZ

Date

4-17-00

Daytime Phone #

(305) 673-5917

720177

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)