

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90100 001 ***150.00
 05-11-2000 90100 002 *****8.75

DOCUMENT # P99000087976
1. Entity Name
 MISINGO, CORP

Principal Place of Business **Mailing Address** - SAME -
 21218 ST. ANDREWS BLVD # 518
 BOCA RATON, FL 33433

2. Principal Place of Business 21218 ST. ANDREWS BLVD
3. Mailing Address SAME

Suite, Apt. #, etc. 518
Suite, Apt. #, etc. SAME

City & State BOCA RATON, FL
City & State SAME

Zip 33433 **Country** USA
Zip SAME **Country** USA

4. FEI Number 65-0955173
Applied For
 Not Applicable

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

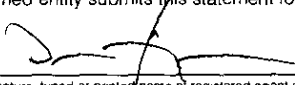
6. Name and Address of Current Registered Agent

DAVID E. LIEVANO
 21218 ST ANDREWS BLVD # 518
 BOCA RATON, FL 33433

7. Name and Address of New Registered Agent

Name DAVID E. LIEVANO
Street Address (P.O. Box Number is Not Acceptable) 21218 ST ANDREWS BLVD # 518
City BOCA RATON **FL** **Zip Code** 33433

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  **DATE** 04.27.00

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. ☐
 (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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
V.P. PRESIDENT	CAILOS A. LIEVANO	12120 S.W. 2ND ST	MIAMI, FL 33184		
PRESIDENT	DAVID E. LIEVANO	21218 ST ANDREWS BLVD # 518	BOCA RATON, FL 33433		<input checked="" type="checkbox"/>
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 04.27.00 **DAYTIME PHONE #** 561-451-9287

CR2E034 (9/99)