

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90091 031 ***150.00

DOCUMENT # P99000107677

1. Entity Name

C.R. MICK, INC.

Principal Place of Business

6107 SW 22 STREET
MIRAMAR FL 33023

Mailing Address

6107 SW 22 STREET
MIRAMAR FL 33023

2. Principal Place of Business

3807 Cleveland ST

Suite, Apt. #, etc.

3. Mailing Address

3807 Cleveland ST

Suite, Apt. #, etc.

City & State

Hollywood FLA

Zip

33021

Country

Broward

City & State

Hollywood FLA

Zip

33021

Country

Broward

4. FEI Number

65-0920932

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MICK, CRAIG
6107 SW 22 STREET
MIRAMAR FL 33023

7. Name and Address of New Registered Agent

Name MICK, CRAIG
Street Address (P.O. Box Number is Not Acceptable)
3807 Cleveland ST
City Hollywood FL Zip Code 33021

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 Craig Mick

C. J. Wick (PD)

(NOTE: Registered Agent signature required when reinstating)

4/14/01

DATE

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 PD
NAME MICK, CRAIG
STREET ADDRESS 6107 SW 22 STREET
CITY-ST-ZIP MIRAMAR FL 33023 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME mick, craig
STREET ADDRESS 3807 Cleveland ST
CITY-ST-ZIP Hollywood FLA 33021 ☒ 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:

C. J. Wick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/01
Date

954-989-9946
Daytime Phone #

0108782

CR2E034 (10/00)

C0053924



DO NOT WRITE IN THIS SPACE