

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90029 041 ***150.00

DOCUMENT # V74000

1. Entity Name

MALE IMAGE ENTERPRISES, INC.

Principal Place of Business

6576 N STATE RD 7
COCONUT CREEK FL 33073

Mailing Address

6576 N STATE RD 7
COCONUT CREEK FL 33073-3625

2. Principal Place of Business

6564 N STATE RD 7
Suite, Apt. #, etc.

3. Mailing Address

6564 N STATE RD 7
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

COCONUT CREEK FL 33073

City & State

COCONUT CREEK FL 33073

4. FEI Number

65-0364309

Applied For

Not Applicable

Zip

33073

Country

BROWARD

Zip

33073

Country

BROWARD

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PICA, THERESA M.
6576 N STATE RD 7
COCONUT CREEK FL 33073

7. Name and Address of New Registered Agent

Name

PICA THERESA M

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

6564 N STATE RD 7

City

COCONUT CREEK

FL

Zip Code

33073

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

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 D
STREET ADDRESS PICA, THERESA M.
CITY-ST-ZIP 6576 N STATE RD 7
COCONUT CREEK FL

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS THERESA M PICA
CITY-ST-ZIP 6564 N STATE RD 7
COCONUT CREEK FL 33073

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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

Date

Daytime Phone #

CR20034 (9/99)