

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000000447

1. Entity Name:

MIC TECHNOLOGY CORPORATION

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90001 008 ***150.00

Principal Place of Business

Mailing Address

797 TURNPIKE ST
N ANDOVER MA 01845

797 TURNPIKE ST
N ANDOVER MA 01845-6120

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **75-1841372**

Applied For
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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

City

FL

Zip Code

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete

NAME **MITCHELL, BRIAN**

STREET ADDRESS **120 CHAMPION RD**

CITY-ST-ZIP **N ANDOVER MA**

TITLE **VPD** ☐ Delete

NAME **GORIN, MICHAEL**

STREET ADDRESS **1128-B E LONG BCH RD**

CITY-ST-ZIP **NISSEQUOGUE NY**

TITLE **DS** ☐ Delete

NAME **BOROW, LEONARD**

STREET ADDRESS **125 RODEO DR**

CITY-ST-ZIP **OYSTER BAY COVE NY**

TITLE **D** ☐ Delete

NAME **BLAV, HARVEY**

STREET ADDRESS **125 WHEATLEY RD**

CITY-ST-ZIP **OLD WESTBURY NY**

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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NAME

STREET ADDRESS

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRIAN J. MITCHELL / 27/00 (978) 687-9625
Date Daytime Phone #