

<input type="checkbox"/> IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT IN AND FOR MIAMI-DADE COUNTY, FLORIDA. <input checked="" type="checkbox"/> IN THE COUNTY COURT IN AND FOR MIAMI-DADE COUNTY, FLORIDA.		
DIVISION <input checked="" type="checkbox"/> CIVIL <input type="checkbox"/> DISTRICTS <input type="checkbox"/> OTHER	PLAINTIFF STATEMENT	CASE NUMBER
PLAINTIFF(S) (Person(s) filing the lawsuit) Utopia Marketing LLC	VS. DEFENDANT(S) (Person(s) the lawsuit is filed against) Mischief Management LLC	CLOCK IN
ADDRESS and PHONE NO.(s) 9882 nw 29th st Doral, FL 33172 786-329-2135	ADDRESS and PHONE NO.(s) 280 OCEAN PARKWAY, 3B, BROOKLYN, NY, UNITED STATES, 11218 917-863-3610	
SEE REVERSE FOR IMPORTANT INSTRUCTIONS		
Date and Place alleged debt or contract was incurred or damage occurred. Date: <u>03/02/2026</u> Location: <u>Miami Dade County, Florida</u>		
Amount of Claim: \$ <u>8,883.75</u>		
THIS CLAIM IS FOR: <ul style="list-style-type: none"> <input type="checkbox"/> Goods, wares and merchandise sold by Plaintiff to Defendant: <input checked="" type="checkbox"/> Work done and materials furnished by Plaintiff to Defendant: <input type="checkbox"/> Money loaned by Plaintiff to Defendant: <input type="checkbox"/> Money due to Plaintiff upon accounts stated and agreed to between them: <input checked="" type="checkbox"/> On a written instrument, copy of which is attached hereto; <input type="checkbox"/> Rent for certain premises in Miami-Dade County, Florida, VIZ; <input checked="" type="checkbox"/> Additional Facts: <u>Defendant made partial payment toward the total amount, confirming acceptance of services, and failed to pay the remaining balance after work was complete.</u> 		
<u>Plaintiff seeks recovery of the unpaid balance of \$8,883.75, plus court costs, service fees, and statutory interest.</u>		
_____ Signature of Plaintiff/or Agent		
JUAN FERNANDEZ-BARQUIN CLERK OF THE COURT AND COMPTROLLER MIAMI-DADE COUNTY CIRCUIT AND COUNTY COURTS	BY: _____ DEPUTY CLERK	DATE

(A) Enter your Name, Business Firm, or Corporation Names(s), along with your address and home number in the spaces provided.

IF YOU ARE SUING:

(B) An individual, give his/her full name address in the space provided above.

(C) A Business Firm, give the Firm Name and the Name of the Owner and Addresses of each in the spaces provided.

(D) A Partnership, you must name all of the Partners and their addresses in the spaces provided.

(E) A Corporation, give it's Full Name, state where incorporated, and the names and addresses of its Officers in the spaces provided.

(F) If your suit arises as a result of an automobile accident, you may name the driver, and also the registered owner of the vehicle along with their address in the space provided.

(G) If you are unable to determine which of the above applies to your case, please see the clerk.

**AMERICANS WITH DISABILITIES ACT OF 1990
ADA NOTICE**

“If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact Aliean Simpkins, the Eleventh Judicial Circuit Court’s ADA Coordinator, Lawson E. Thomas Courthouse Center, 175 NW 1st Avenue, Suite 2400, Miami, FL 33128; Telephone (305) 349-7175; TDD (305) 349-7174, Email ADA@jud11.flcourts.org; or via Fax at (305) 349-7355, at least seven (7) days before your scheduled court appearance, or immediately upon receiving this notification if the time before the scheduled appearance is less than seven (7) days; if you are hearing or voice impaired, call 711.”