

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90054 046 ***150.00

DOCUMENT # 641871

1. Entity Name
MIGLIORE, INC.

Principal Place of Business C/O INTRASTATE REGISTERED AGENT CORPORATIO 701 BRICKELL AVENUE, SUITE 3000 MIAMI FL 33131 US	Mailing Address C/O INTRASTATE REGISTERED AGENT CORPORATIO 701 BRICKELL AVENUE, SUITE 3000 MIAMI FL 33131-2847 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1947619		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE SUITE 3000 MIAMI FL 33131-1903				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			

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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PDT	<input type="checkbox"/> Delete	TITLE	***** Change <input type="checkbox"/> Addition	
NAME	FROHLICH, ALFREDO		NAME		
STREET ADDRESS	C/O ACIF, 6885 NW 25TH ST		STREET ADDRESS	1111 KANE CONCOURSE, SUITE 310	
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154-2041	
TITLE	AS	<input type="checkbox"/> Delete	TITLE	***** Change <input type="checkbox"/> Addition	
NAME	FROHLICH, ALFREDO		NAME		
STREET ADDRESS	C/O ACIF, 6885 NW 25TH ST		STREET ADDRESS	1111 KANE CONCOURSE, SUITE 310	
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154-2041	
TITLE	VPS	<input type="checkbox"/> Delete	TITLE	***** Change <input type="checkbox"/> Addition	
NAME	FROHLICH, ANDREA		NAME		
STREET ADDRESS	C/O ACIF, 6885 NW 25TH ST		STREET ADDRESS	1111 KANE CONCOURSE, SUITE 310	
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154-2041	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Alfredo Frohlich Date: 4/12/00 Daytime Phone #: 305 867-7555

CR2E034-19/99