2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 722782 1. Entity Name						Jul 18, 2001 8:00 am Secretary of State 07-18-2001 90005 003 ****61.25				
- MIAMI L	AKES BU	SINESS ASSOCIATI	ON, INC.		(M	07-18	3-2001 90005 003 *	***61.25		
Principal Place of Business			Mailing Address							
7333 MIAMI LAKES DR SUITE 222 MIAMI LAKES FL 33014 US			7333 MIAMI LAKES DR SUITE 222 MIAMI LAKES FL 33014 US			 	10 SIBIL 1888) 1881 1191 1191 1193 61)))	0)) 0\8) \$0 0 \	
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			1	DO NOT WRITE IN THIS	SPACE		
City & State			City & State			4. FEI Number 59-1735450 Applied For Not Applicable				
Zip	Country		Zip	Country		5. Certificate of Sta	tus Desired	\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent				
FEATHERS, EDWIN E 6843 MAIN ST					Street Address (P.O. Box Number is Not Acceptable) 15335 MIAMI KAKEWAYN					
MIAMI LAKES FL 33014					205	4 /	· · · · · · · ·	Zip Cod	e	
8. The above named entity submits this statement for the purpose of changing its registered office or registered at								Zip Cod	014	
SIGNATURE .		arlue F or printed name of registered agent a	Haylor, not title Repeticate. (NOT	LUL Registered Agent	cutuv signature required		inistrat	tor "	Trofor	
FILE NOW: FEE IS \$61.25 After September 12, 2001, min. will be \$236.25 9. Election Campaign Financing Trust Fund Contribution.					ing	\$5.00 May Be Added to Fees	Make Check Departme			
10.		OFFICERS AND DIR		11.		ADDITIONS/CHANGE	S TO OFFICERS AND DI		·	
NAME STREET ADDRESS CITY-ST-ZIP	D Gravelin 16415 NW Miami Lai	67TH AVE	□ Delete	TITLE NAME STREET ADDR				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS	SD MAYLOR, 15535 MI	MARLENE AMI LAKEWAY N #205	⊠ Delete	TITLE NAME STREET ADDR	S.D.	BARBARA 1941 EGA	HASSALL NLANE AKES FL	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Flannag	KES FL 33014 AN, JOYCE MI LAKES DR #222 KES FL	☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDR	ress -	<u>DIAMI K.</u>	AKES F-D	□ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-2IP	VD FALERO, 1 6600 COV	MARA L	☐ Delete	TITLE NAME STREET ADDR				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REY, JUS 7333 MIAI		☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP				☐ Change	Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDR				Change .	Addition	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

July 10:201 821-2010