

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90030 010 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # 762700

1. Entity Name

NAMI OF MIAMI, INC.

Principal Place of Business

**5711 S DIXIE HWY
 MIAMI FL 33143**

Mailing Address

**5711 S DIXIE HWY
 MIAMI FL 33143-3622**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2207150

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DIAZ, RACHEL H.
 5760 SW 94 PLACE
 MIAMI FL 33173**

7. Name and Address of New Registered Agent

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 _____

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DIAZ, RACHEL H.	
STREET ADDRESS	5760 SW 94 PLACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MARCUS, JERRY	
STREET ADDRESS	6401 CABALLERO BLVD	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GREEN, DAVID	
STREET ADDRESS	10460 SW 113 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KAPLAN, ELLIOT	
STREET ADDRESS	20801 BISCAYNE BLVD.	
CITY-ST-ZIP	AVENTURA FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DICKMAN, RUTH	
STREET ADDRESS	10935 S.W. 176 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FELIX, RUTH	
STREET ADDRESS	2833 SW 23RD ST	
CITY-ST-ZIP	MIAMI FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marcus, Jerry	
STREET ADDRESS	6401 Caballero Blvd	
CITY-ST-ZIP	Coral Gables, FL	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Green, David	
STREET ADDRESS	10460 SW 113 St.	
CITY-ST-ZIP	Miami, FL	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sheldon, Bill	
STREET ADDRESS	900 El Rado St	
CITY-ST-ZIP	Coral Gables, FL	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Horiega, Amar	
STREET ADDRESS	1001 Hardee Rd.	
CITY-ST-ZIP	Coral Gables, FL	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Martins, Charlotte	
STREET ADDRESS	7743 SW 86 St. Apt. D-335	
CITY-ST-ZIP	Miami, FL	

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 all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED: **MARCUS, PRES.** 4/20/00 305.605-2540
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)