

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90069 019 ***150.00

DOCUMENT # H32480

1. Entity Name
MILITARY ASSOCIATES, INCORPORATED

Principal Place of Business Mailing Address
19820 KINGSTON DRIVE **19820 KINGSTON DRIVE**
MIAMI FL 33157 **MIAMI FL 33157**

C0046282



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2543773	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	
CLAY, JOSE E. 19820 KINGSTON DRIVE MIAMI FL 33157				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 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 NAME	PVD CLAY, JOSE E.	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	19820 KINGSTON DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		
TITLE NAME	STD CLAY, VIRGINIA R.	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	19820 KINGSTON DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]* **President** Date: **4/9/01** Daytime Phone #: **305 233 4642**

CR2E034 (10/00)