

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H63980

1. Entity Name

MIAFAC, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90007 011 ***150.00

Principal Place of Business

Mailing Address

% KATZ. BARRON. SQUITERO. LINDEN & FAUST
2699 S. BAYSHORE DR., 7TH FLOOR
MIAMI FL 33133

% KATZ. BARRON. SQUITERO. LINDEN & FAUST
2699 S. BAYSHORE DR., 7TH FLOOR
MIAMI FL 33133-5408

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0121291

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPCO, INC.
2699 SOUTH BAYSHORE DRIVE
SUITE 700-A
MIAMI FL 33133

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

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. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	☐ Delete
NAME	KATZ, MICHAEL D.	
STREET ADDRESS	2699 S BAYSHORE DR #700A	
CITY-ST-ZIP	MIAMI FL	
TITLE	DSV	☐ Delete
NAME	SQUITERO, JOHN R.	
STREET ADDRESS	2699 S BAYSHORE DR #700A	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	☐ Delete
NAME	FAUST, MARC L	
STREET ADDRESS	2699 S. BAYSHORE DR, 7TH FL	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/3/00

(305) 856-2444

CR2E034 (9/99)