

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90137 024 ***150.00

DOCUMENT # H82954

1. Entity Name
MIAMI CORPORATE SYSTEMS, INC.

Principal Place of Business
283 CATALONIA AVENUE
2ND FLOOR
CORAL GABLES FL 33134
US

Mailing Address
283 CATALONIA AVENUE
2ND FLOOR
CORAL GABLES FL 33134
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2778466

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

RASOC, REININGER & PEREZ, P.A.
283 CATALONIA AVENUE
2ND FLOOR
CORAL GABLES FL 33134

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. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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	<input type="checkbox"/> Delete
NAME	RASCO, RAMON E	
STREET ADDRESS	283 CATALONIA AVE, 2FL	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	DST	<input type="checkbox"/> Delete
NAME	REININGER, STEVEN R	
STREET ADDRESS	283 CATALONIA AVE, 2FL	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	V	<input type="checkbox"/> Delete
NAME	PEREZ, LUIS A	
STREET ADDRESS	283 CATALONIA AVE, 2FL	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	AV	<input type="checkbox"/> Delete
NAME	ESQUENAZI, SALOMON B	
STREET ADDRESS	283 CATALONIA AVE, 2FL	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

CR2E034 (9/01)