

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2003 8:00 am**  
**Secretary of State**

02-20-2003 90119 002 \*\*\*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



CHECK HERE IF MAKING CHANGES

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  
**Rasco, Reininger, Perez & Esquenazi, P.L.**  
Street Address (P.O. Box Number is Not Acceptable)  
**283 Catalonia Avenue  
2nd. Floor**  
City  
**Coral Gables FL Zip Code 33134**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PD  
RASCO, RAMON E  
283 CATALONIA AVE, 2FL  
CORAL GABLES FL 33134**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DST  
REININGER, STEVEN R  
283 CATALONIA AVE, 2FL  
CORAL GABLES FL 33134**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**V  
PEREZ, LUIS A  
283 CATALONIA AVE, 2FL  
CORAL GABLES FL 33134**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**AV  
ESQUENAZI, SALOMON B  
283 CATALONIA AVE, 2FL  
CORAL GABLES FL 33134**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**Vice President  
Esquenazi, Salomon B.  
283 Catalonia Ave., 2nd Floor  
Coral Gables, Florida 33134**

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 607, 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/3/03 (305)476-7100**  
Date Daytime Phone #

CFR20034 (10/02)