

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90037 043 ****66.25

DOCUMENT # N50197

1. Entity Name

MIAMI BOND CLUB, INC.

Principal Place of Business

Mailing Address

**444 BRICKELL AVENUE
 SUITE 51-413
 MIAMI FL 33131
 US**

**444 BRICKELL AVENUE
 SUITE 51-413
 MIAMI FL 33131-2403
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0702543

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PRAHL, JOHN T
 2801 PONCE DE LEON BLVD
 SUITE 1155
 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ABATE, HANS	
STREET ADDRESS	801 BRICKELL AVE. 7TH FL	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ACOSTA, JOSE	
STREET ADDRESS	777 BRICKELL AVE., STE. 1150	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WISTORO, JUAN	
STREET ADDRESS	801 BRICKELL AVE.	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	FERNANDEZ, TED	
STREET ADDRESS	1401 BRICKELL AVENUE #1400	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUEMES, JULIO A	
STREET ADDRESS	2601 S. BAYSHORE DR. #2040	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	P	<input type="checkbox"/> Delete
NAME	MCKEY, DWIGHT	
STREET ADDRESS	3750 NW 87TH AVE.	
CITY-ST-ZIP	MIAMI FL 33158	

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Phillips, Steve	
STREET ADDRESS	5501 Riviera Dr	
CITY-ST-ZIP	Coral Gables, FL. 33146	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harnish, Steven	
STREET ADDRESS	2815 SW 25 ST	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hughes, MARTIN	
STREET ADDRESS	801 Brickell Ave Suite 200	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLATTERY, JUSTINE	
STREET ADDRESS	2 South Biscayne Blvd Suite 3200	
CITY-ST-ZIP	MIAMI, FL. 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 of Dwight McKay
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/25/00
 Date

305-717-5636
 Daytime Phone #

CR2E037 (9/99)