

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90362 046 \*\*\*\*61.25

**DOCUMENT #** W50197  
**1. Entity Name**  
 MIAMI BOND CLUB ✓

**Principal Place of Business** None  
**Mailing Address**  
 610 TREASURER  
 STEVE HARNISH

**2. Principal Place of Business**  
 Suits, Apt. #, etc.  
 City & State

**3. Mailing Address**  
 APT 2  
 Suits, Apt. #, etc.  
 2815 SW 25 ST  
 City & State  
 MIAMI, FL

**Zip** 33133 **Country** DADE

**4. FEI Number** 65-0702543  
**Applied For**  
 Not Applicable  
**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**A0070855**  
 DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
 JOHN PRATHL ATTORNEY  
 2801 PONCE DE LEON BLVD #1155  
 CORAL GABLES, FL 33134

**7. Name and Address of New Registered Agent**  
**Name** STEVE HARNISH  
**Street Address (P.O. Box Number is Not Acceptable)**  
 2815 SW 25 ST #2  
**City** MIAMI **FL** **Zip Code** 33133

**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** *Steve Harnish* (NOTE: Registered Agent signature required when reinstating)  
**DATE** 4/27/01

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT + DIRECTOR DWIGHT MCKEY 1511 ROBBIA AVE FL 33146 CORAL GABLES <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>SHANNON SMITH</del> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT + DIRECTOR STEVE PHILLIPS 5501 RIVIERA DR FL 33143 CORAL GABLES <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY + DIRECTOR JULIO GWEMES 9050 SW 62 ST 33156 MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER + DIRECTOR STEVE HARNISH 2815 SW 25 ST #2 MIAMI FL 33133 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NEW <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 817, 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:** STEVE HARNISH *Steve Harnish* **DATE** 4/27/01

*Steve Harnish* 305.908.2613

CR2E037 (11/00)