

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

0140712

DOCUMENT # P00000026627

1. Entity Name
MID ANTIQUES & INTERIORS, INC.

03-12-2001 90483 040 ***150.00

Principal Place of Business
801 NORTH VENETIAN DRIVE
SUITE 1208
MIAMI BEACH FL 33139
NP

Mailing Address
POST OFFICE BOX 160668
MIAMI F: 33116

0000001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1756 N BAYSHORE DR
 Suite, Apt. #, etc. **32H**

3. Mailing Address
PO Box 160668
 Suite, Apt. #, etc.

City & State
MIAMI - FL

City & State
MIAMI FL

4. FEI Number
65-0991073

Applied For
 Not Applicable

Zip
33132 Country
DADE

Zip
33116 Country
DADE

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
 Name **MARIA DIAZ**
 Street Address (P.O. Box Number is Not Acceptable)
1756 N BAYSHORE DR
32H
 City **MIAMI** FL Zip Code **33132**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **3-10-01**

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, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DIAZ, ROSARIO 801 NORTH VENETIAN DRIVE MIAMI BEACH FL 33139 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MARIA DIAZ 1756 N BAYSHORE DR #32H MIAMI FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DANIEL GARCIA-DIAZ 1756 N BAYSHORE DR #32H MIAMI FL 33132
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

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:

DATE **3-10-01** 796-924-2175
 Daytime Phone #

CR2E034 (10/00)