

2001 UNIFORM BUSINESS REPORT (UBR)

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

0186114

DOCUMENT # P00000028574

04-12-2001 90007 047 ***158.75

1. Entity Name

ST. MICHAEL PROPERTY HOLDINGS, INC.

Principal Place of Business

Mailing Address

**104 CRANDON BLVD., SUITE 421D
 KEY BISCAYNE FL 33149**

**104 CRANDON BLVD., SUITE 421D
 KEY BISCAYNE FL 33149**

2. Principal Place of Business

3. Mailing Address

104 CRANDON BOULEVARD

104 CRANDON BOULEVARD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 409

SUITE 409

City & State

City & State

KEY BISCAYNE

KEY BISCAYNE

Zip

Country

Zip

Country

33149 USA

USA

33149 USA

USA

4. FEI Number

05-0997522

Applied For

Not Applicable

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

**AMERICAN INFORMATION SERVICES, INC.
 ONE SE 3RD AVENUE 28TH FLOOR
 MIAMI FL 33131**

Name **RESEARCH MANAGEMENT CORPORATION**

Street Address (P.O. Box Number is Not Acceptable)
104 CRANDON BOULEVARD, #409

City **KEY BISCAYNE**

FL

Zip Code **33149**

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 Joy McKenna **JOY MCKENNA** 4.5.01
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **D AIBERTO SAN MIGUEL**
 STREET ADDRESS **104 CRANDON BOULEVARD**
 CITY-ST-ZIP **#409 KEY BISCAYNE, FLORIDA 33149**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE Change Addition
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 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: Aiberto San Miguel **AIBERTO SAN MIGUEL** 4.5.01 **(305) 361.2555**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)