

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

0133263 AV

**DOCUMENT # P0000055465**

1. Entity Name  
**MIAMI INDUSTRIAL AUTOMATION INC.**

04-17-2002 90113 033 \*\*\*150.00

Principal Place of Business Mailing Address  
**1470 WEST 41 STREET #113** **1470 WEST 41 STREET #113**  
**HIALEAH FL 33012** **HIALEAH FL 33012**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-1018745** 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

~~RODRIGUEZ, ALCIDES~~  
~~1427 WEST 38 STREET~~  
~~HIALEAH FL 33012~~

Name **ALCIDES RODRIGUEZ**

Street Address (P.O. Box Number is Not Acceptable)

**9032 NW 167 ST**

City **MIAMI** **FL** Zip Code **33018**

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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

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, 2002 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	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>RODRIGUEZ, ALCIDES</b>
STREET ADDRESS	<b>1427 WEST 38 STREET</b>
CITY-ST-ZIP	<b>HIALEAH FL 33012</b>
TITLE	<b>VP</b> <input type="checkbox"/> Delete
NAME	<b>RODRIGUEZ, HILARIO</b>
STREET ADDRESS	<b>1470 WEST 41 STREET, #113</b>
CITY-ST-ZIP	<b>HIALEAH FL 33012</b>
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: Hilario Rodriguez 4/08/02 305 823 8564  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)