2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P01000034909

1. Entity Name

M.I.G. INTERNATIONAL REALTY, INC.



FILED Mar 10, 2003 8:00 am §
Secretary of State

03-10-2003 90787 009 ***150.00

						7					
Principal Place of Business 8559 S.W. 114 PLACE MIAMI FL 33173			Mailing Address 8559 S.W. 114 PLACE MIAMI FL 33173								
2. Principal F	Place of Busin	ness	3. Mailing Address	3. Mailing Address			- 1 100/2007 12: 00/01 110/2 00/21 00/21 00/21 00/21 00/21 00/21 00/21 00/21 00/21 00/21 00/21				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				_ ☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. 1	4. FEI Number 65-1099996 Applied For				
Zip Country			Zip	Coun	try	5. (5. Certificate of Status Desired S8.75 Additional Fee Required			1	
6. Name and Address of Curren			t Registered Agent			7.1	Name and Address of New Regis				┨
***					Name	-22-2					1
GARCIA, I	MARIA ISAE	BEL		-							1
8559 S.W	. 114 PLAC	E			Street Addres	ss (P.O. B	(P.O. Box Number is Not Acceptable)				
MIAMI FL	33173				1800						1
					City	FL Z			ip Cod	p Code	
8. The above	named entit	v submits this statement	for the nurpose of changing	na its reaistere	nd office or regis	tered and	ent, or both, in the State of Florida			and accord	-
the obligat	ions of regist	ered agent.	iai ale parpode el enangil	ng no registore	a onice of regis	itorea agr	ent, or both, in the state of honds.	. I alli latillia	ir witti,	and accept	
0.00											Ì
SIGNATURE .	Signature, typed	or printed name of registered agen	nt and title if applicable.	(NOTE: Registered	Agent signature requ	ifred when re	instating)	DATE			
		! FEE IS \$150.00									┨
After	May 1, 200	3 Fee will be \$550.00 Florida Department					Election Campaign Financi Trust Fund Contribution.	ng		0 May Be to Fees	
10.		OFFICERS AND		11.		A D	DITIONS/CHANGES TO OFFICER	S AND DIBE	CTOD	2 (K) 4 4	4
TITLE	PD	OT TOLINO FATE	Delete	TITLE			DITIONS/CHANGES TO OFFICER		Change	Addition	1 8
NAME		MARIA ISABEL	T Delete	NAME	1			Цν	Hange	Auomaii	3
STREET ADDRESS		114 PLACE			T ADDRESS						7
CITY-ST-ZIP	MIAMI FL				ST-ZIP						5
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		7			ST-ZIP						
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NAME			☐ Delete	NAME				☐ C:	ange	Addition	
STREET ADDRESS					T ADDRESS						
CITY-ST-ZIP					ST-ZIP						
12. Thereby c	ertify that the	information supplied wit	h this filing does not quali			Sontion 1	19 07/3)/i) Florido Statutan J furth	or oorlife the	4 41 :		

indicated on this report or supplied with this limiting does not quanty 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 10 or Block 11 if changed, or on an attachment with an address, with all other fixed empowered.