

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90442 042 \*\*\*150.00

DOCUMENT # P96000031730  
1. Entity Name  
Miami Shores Commercial Building - Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
10886 N.E. 6 Ave 3. Mailing Address  
10886 N.E. 6th Ave  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Miami FL City & State  
Miami FL 4. FEI Number  
65-0658502 Applied For  
Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name  
Gladys Villanueva  
Street Address (P.O. Box Number is Not Applicable)  
10886 N.E. 6th Ave  
City  
Miami FL Zip Code  
33161

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 [Signature] DATE 5/14/02  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)   
January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$61.25  
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	<u>PD</u>	TITLE	
NAME	<u>Villanueva Gladys</u>	NAME	
STREET ADDRESS	<u>884 80th Street</u>	STREET ADDRESS	
CITY - ST - ZIP	<u>Miami Beach FL 33141</u>	CITY - ST - ZIP	
TITLE	<u>Villanueva Divaldo</u>	TITLE	<u>Vice President</u>
NAME	<u>884 80th Street</u>	NAME	
STREET ADDRESS	<u>Miami Beach FL 33141</u>	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<u>Secretary</u>	TITLE	
NAME	<u>Villanueva Omar</u>	NAME	
STREET ADDRESS	<u>884 80th Street</u>	STREET ADDRESS	
CITY - ST - ZIP	<u>Miami Beach FL 33141</u>	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.  
SIGNATURE: [Signature] DATE 5/14/02 DESIGNATION # 305/254-9431  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)