

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 02, 2000 8:00 am
Secretary of State

08-02-2000 90150 010 ***150.00

DOCUMENT # *MURAM INVESTMENTS, INC.*
 1. Entity Name *P.99600067873*

Principal Place of Business / Mailing Address
485 Leucadendra Dr / *485 Leucadendra*
CORAL GABLES, FL 33156 / *CORAL GABLES, FL 33156*

2. Principal Place of Business / 3. Mailing Address
 Suite, Apt #, etc. / Suite, Apt #, etc.
 City & State / City & State
 Zip / Zip
 Country / Country
SAME / *SAME*

4. FEI Number *65-0934810*
 Applied For / Not Applicable

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ALFREDO MURCIANO
485 Leucadendra Dr.
CORAL GABLES, FL 33156

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City / State / Zip Code
FL

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 *ALFREDO MURCIANO, OFFICER*
 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, 2000 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 | <i>ALFREDO MURCIANO</i> | <input type="checkbox"/> Delete |
| NAME | <i>ALFREDO MURCIANO</i> | |
| STREET ADDRESS | <i>485 Leucadendra Dr</i> | |
| CITY-ST-ZIP | <i>CORAL GABLES, FL 33156</i> | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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: *X Alfredo Murciano* *X July 18, 2000*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACH B0103923

| | |
|--|--|
| Florida Division of Corporations Public Access | Corporate Inquiry Menu: Please select an inquiry type from the list below, then enter a search key in the search field. Press SEARCH to begin the search. |
| Inquiry by: <input type="radio"/> Corporation / Trademark Name <input type="radio"/> Officer / Registered Agent Name <input type="radio"/> Registered Agent Name <input type="radio"/> Trademark Owner Name <input type="radio"/> FEI Number <input type="radio"/> Document Number <input type="radio"/> Trademark Name | 4/19/00 CORPORATE DETAIL RECORD SCREEN NUM: P99000067873 ST:FL ACTIVE/FL PROFIT FLD: 07/30/1999 NAME : MURAM INVESTMENTS, INC. PRINCIPAL: 485 LEUCADENDRA DRIVE ADDRESS CORAL GABLES, FL 33156 RA NAME : MURCIANO, ALFREDO RA ADDR : 485 LEUCADENDRA DRIVE CORAL GABLES, FL 33156 ANN REP : * NONE FILED * |
| Search String: <input type="text"/> <input type="button" value="Search"/> HomePage | <p style="text-align: center; font-size: 1.2em;">FED ID # 65-0934810</p> <p style="text-align: center;">ATTACHED</p> <p>Officers</p> <p>----- THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR Document Image</p> |

* ALL INFORMATION REMAINS THE SAME

X agreed muram X 04/19/2000

http://.../corpweb.exe?radCorSearch=CORICHR&Menu=COR&txtSearchString=P9900006787 4/19/00

.../corpweb.exe?radCorSearch=CORICHR3&Menu=COR&txtSearchString=3&CorichrData=P994/19/00