

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90143 018 \*\*\*150.00

NOTED BY AV

**DOCUMENT # P00000094860**

1. Entity Name  
**MIDAMA INVESTMENTS CORPORATION**

Principal Place of Business      Mailing Address  
**9920 NW 21 STREET**      **9920 NW 21 STREET**  
**MIAMI FL 33172**      **MIAMI FL 33172**

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |



DO NOT WRITE IN THIS SPACE

|   |  |                |
|---|--|----------------|
| 4. FEI Number <b>65-1045883</b>   |  | Applied For    |
|   |  | Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |                |

|   |  |  |          |
|---|--|--|----------|
| 6. Name and Address of Current Registered Agent   |  | 7. Name and Address of New Registered Agent        |          |
| <b>CASTILLO, ALVARO R</b><br><b>1390 BRICKELL AVENUE</b><br><b>SUITE 200</b><br><b>MIAMI FL 33131</b> |  | Name   |          |
|   |  | Street Address (P.O. Box Number is Not Acceptable) |          |
|   |  | City   |          |
|   |  | FL   | Zip Code |

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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. <input type="checkbox"/><br><small>(See criteria on back)</small> | <p><b>FILE NOW!!! FEE IS \$150.00</b><br/> <b>After May 1, 2002 Fee will be \$550.00</b><br/> <b>Make Check Payable to Department of State</b></p> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|--|--|

| 11. OFFICERS AND DIRECTORS                |                                 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---------------------------------|---|---|
| TITLE NAME                                | <input type="checkbox"/> Delete | TITLE NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS                            |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP                               |                                 | CITY-ST-ZIP   |   |
| <b>D LAZARO, DIONISIO M</b>               |                                 |   |   |
| <b>C/O 1390 BRICKELL AVENUE SUITE 200</b> |                                 |   |   |
| <b>MIAMI FL 33131</b>                     |                                 |   |   |
| TITLE NAME                                | <input type="checkbox"/> Delete | TITLE NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS                            |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP                               |                                 | CITY-ST-ZIP   |   |
| TITLE NAME                                | <input type="checkbox"/> Delete | TITLE NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS                            |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP                               |                                 | CITY-ST-ZIP   |   |
| TITLE NAME                                | <input type="checkbox"/> Delete | TITLE NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS                            |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP                               |                                 | CITY-ST-ZIP   |   |
| TITLE NAME                                | <input type="checkbox"/> Delete | TITLE NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS                            |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP                               |                                 | 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:** *Arturo Medeiros* \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)