

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90022 014 \*\*\*150.00

**DOCUMENT # 514645**

1. Entity Name

MIAMI PROPERTIES, INC.



Principal Place of Business

2120 N.W. 14TH AVE.  
P.O. BOX 420854  
MIAMI FL 33142

Mailing Address

2120 N.W. 14TH AVE.  
P.O. BOX 420854  
MIAMI FL 33142

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1782840

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEVINE, DAVID  
1150 N.W. 72ND AVE., STE 475  
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name Atrium Registered Agents, Inc.

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

1500 San Remo Avenue #125

City Coral Gables

**FL**

Zip Code 33146

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ATRIUM REGISTERED AGENTS, INC.  
Robert B. Stinson, U.P.

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

(NOTE: Registered Agent signature required when reinstating)

3/8/05

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KOPSTEIN, ROY	
STREET ADDRESS	2120 N.W. 14TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KOPSTEIN, HAROLD R.	
STREET ADDRESS	2120 N.W. 14TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	NOVAS, BETTY K.	
STREET ADDRESS	2120 N.W. 14TH AVE.	
CITY-ST-ZIP	MIAMI FL	
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		

11. 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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Betty Novas	
STREET ADDRESS	2120 NW 14 AVE	
CITY-ST-ZIP	Miami, FL 33142	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sadie Kopstein	
STREET ADDRESS	2120 NW 14 AVE	
CITY-ST-ZIP	Miami, FL 33142	
TITLE	VDS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ronald J Novas	
STREET ADDRESS	8 2120 NW 14 AVE	
CITY-ST-ZIP	Miami, FL 33142	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like information.

SIGNATURE: Betty Novas Betty Novas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/05 305-325-0860

Date

Daytime Phone #