

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 197323

1. Entity Name

MIAMI SOD COMPANY

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90271 044 ***150.00

Principal Place of Business 15225 N.W. 77TH AVENUE. #205 MIAMI LAKES FL 33014	Mailing Address 15225 N.W. 77TH AVENUE. #205 MIAMI LAKES FL 33016-1567
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7791 NW 146TH STREET Suite, Apt. #, etc.	3. Mailing Address 7791 NW 146TH STREET Suite, Apt. #, etc.
City & State MIAMI LAKES, FL	City & State MIAMI LAKES, FL

4. FEI Number 59-0763110	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

Zip 33016-1559	Country MIAMI-DADE	Zip 33016-1559	Country MIAMI DADE
-------------------	-----------------------	-------------------	-----------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent

NICHOLS, WENDELL I.
15225 N.W. 77TH AVENUE, SUITE 205
MIAMI LAKES FL 33014

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
7791 NW 146TH STREET

City
MIAMI LAKES, FL Zip Code
333016-1559

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. (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 NAME STREET ADDRESS CITY-ST-ZIP	V AIKEN, LEILA F 15225 N.W. 77TH AVE. # 205 MIAMI LAKES FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST NICHOLS, WENDELL I 15225 NW 77TH AVE. #205 MIAMI LAKES FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7791 NW 146TH STREET MIAMI LAKES, FL 33016-1559
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7791 NW 146TH STREET MIAMI LAKES, FL 33016-1559
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Wendell I. Nichols* **WENDELL I. NICHOLS** **1/12/00** **305/823-6533**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)