

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 367580

1. Entity Name

MIAMILAND EXECUTIVE OFFICE PARK, INC.

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90067 013 ***150.00

Principal Place of Business

1000 BRICKELL AVE..#1200
 MIAMI FL 33131

Mailing Address

1000 BRICKELL AVE..#1200
 MIAMI FLA 33131-3014

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1362052

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

00000038



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, BILL G.
1000 BRICKELL AVE STE 300
MIAMI FL 33131

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	MORRIS, L ALLEN	1000 BRICKELL AVE. #1200	MIAMI FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
AS	COLLINS, DIANE C	1000 BRICKELL AVE. #1200	MIAMI FL	<input type="checkbox"/>	<input type="checkbox"/>
ST	DAVIS, BILL G.	1000 BRICKELL AVE.#300	MIAMI FL	<input type="checkbox"/>	<input type="checkbox"/>
VD	MORRIS, W. ALLEN	1000 BRICKELL AVE.,#1200	MIAMI FL	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Bill G. Davis
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bill G. Davis

1/7/00

Date

(305) 358-1000

Daytime Phone #

CR2E034 (9/99)