

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90058 003 ***150.00

DOCUMENT # 458762

1. Entity Name

MIAMI MESSENGER SERVICE, INC.

Principal Place of Business

Mailing Address

419 WEST 49TH STREET
 STE 206
 HIALEAH FL 33012
 US

6120 NW 114 ST
 HIALEAH FL 33012-6577
 US

00041040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

540 N.E. 7 ST

6120 N.W. 114 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI, FL

HIALEAH, FL

4. FEI Number

59-1551159

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

Country

DADE

Country

DADE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARTER, CONSTANCE
 6120 NW 114TH ST.
 HIALEAH FL 33012

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

Constance Carter

2/10/2000

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	P	<input checked="" type="checkbox"/> Delete
NAME	LO SCHIAVO, JAMES	
STREET ADDRESS	1750 W. 56TH ST, APT202	
CITY-ST-ZIP	HIALEAH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	TESORIERO, MARGARET	
STREET ADDRESS	6120 NW 114TH ST,	
CITY-ST-ZIP	HIALEAH FL	
TITLE	TV	<input type="checkbox"/> Delete
NAME	CARTER, CONSTANCE	
STREET ADDRESS	6120 NW 114TH ST.	
CITY-ST-ZIP	HIALEAH 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		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P. LO SCHIAVO MISTY	
STREET ADDRESS	540 N.E. 71 ST	
CITY-ST-ZIP	MIAMI, FL. 33138	
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:

Constance M. Carter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/2000

DATE

305-821-6000

DAYTIME PHONE #

CR2E034 (9/99)