## 2002 Uniform Business Report (UBR)

## Mar 13, 2002 8:00 am § DOCUMENT # 575298 **Secretary of State** 1. Entity Name 03-13-2002 90011 015 \*\*\*150.00 MIAMI CLAY COMPANY, INC. Principal Place of Business Mailing Address 270 NE 183RD ST 270 NE 183RD ST HUNTIOSI MIAMI FL 33179 MIAMI FL 33179 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1831480 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name e=godberg= GOLDBERG, KENNETH 170 NE 125 ST. N MHAMI BEACH FL 33162 8. The above named entity submits this statement for the purpose of changing if egistered office or registered agent, or both, in the State of Florida. ure required when reinstating) FILE NOW! FEE 19 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. 🗷 Delete DREGIDENT, DIRECTOR CR2E034 (9/01) TITLE TITLE GOLDBERG, KENNETH NAME NAME BARBARA GOLDBERG 170 NE 175 ST. WHY NE 205 TER STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 33162 CITY-ST-ZIP MIAMII FL 33179 CEO, VP, TREAS, DIRECTOR Change TITLE ☐ Delete TITLE NAME LEE GOLDBERG STREET ADDRESS STREET ADDRESS 4960 NW BZ 76 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-7IP 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 received of 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

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SIGNATURE:** 

of the corporation or the received changed, or on an attachment w

FILED