

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

0285106  
 AV

**DOCUMENT # 575298**

1. Entity Name  
**MIAMI CLAY COMPANY, INC.**

03-13-2002 90011 015 \*\*\*150.00

Principal Place of Business  
**270 NE 183RD ST**  
**MIAMI FL 33179**

Mailing Address  
**270 NE 183RD ST**  
**MIAMI FL 33179**

BU041001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-1831480</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

~~GOLDBERG, KENNETH  
 170 NE 175 ST.  
 N MIAMI BEACH FL 33162~~

Name ~~LEE GOLDBERG~~  
 Street Address (P.O. Box Number is Not Acceptable)  
**4960 NW 82 TER**  
 City **FT LAUDERDALE** FL Zip Code **33351**

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 LEE GOLDBERG, CEO *[Signature]* 2-28-2002  
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, 2002 Fee will be \$650.00**  
**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	TDV	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT, DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLDBERG, KENNETH		NAME	BARBARA GOLDBERG	
STREET ADDRESS	170 NE 175 ST.		STREET ADDRESS	604 NE 205 TER	
CITY-ST-ZIP	33162		CITY-ST-ZIP	MIAMI, FL 33179	
TITLE		<input type="checkbox"/> Delete	TITLE	CEO, V.P, TREAS, DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	LEE GOLDBERG	
STREET ADDRESS			STREET ADDRESS	4960 NW 82 TER	
CITY-ST-ZIP			CITY-ST-ZIP	FT LAUDERDALE, FL 33351	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *[Signature]* **FEBRUARY 28, 2002** 305-651-4695  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)