

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751947

1. Entity Name

MIAMI CAPITAL DEVELOPMENT, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90256 015 ****70.00

Principal Place of Business

Mailing Address

300 BISCAYNE BLVD WAY
 SUITE 614
 MIAMI FL 33131

300 BISCAYNE BLVD WAY
 SUITE 614
 MIAMI FL 33131-2209

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2001628

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **XX**

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOPPEN, ROBERT A., J.D., ESQUIRE
 700 NE 90TH ST
 SIXTH FLOOR
 MIAMI FL 33138

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP Delete
 NAME ARLAIN, RICARDO
 STREET ADDRESS 100 SE 2ND STREET 13TH FLOOR
 CITY-ST-ZIP MIAMI FL

TITLE VP Change Addition
 NAME JAMES A. CULMER
 STREET ADDRESS 915 N.W. 1st Ave. #2903
 CITY-ST-ZIP MIAMI FL 33136

TITLE SD Delete
 NAME GLISPIN, LAURINE DUNN
 STREET ADDRESS 68 N.E. 91ST ST.
 CITY-ST-ZIP MIAMI SHORES FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE PDC Delete
 NAME CERRO, JUAN A. DEL
 STREET ADDRESS 8460 NW 30 TERR
 CITY-ST-ZIP MIAMI FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE T Delete
 NAME TAMAYO, ALBERTO
 STREET ADDRESS 8300 SW 31 ST
 CITY-ST-ZIP MIAMI FL 33155

TITLE P/T/D Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Alberto Tamayo
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26-00 (305) 358-1025

CR2E037 (9/99)