

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90848 014 ***150.00

DOCUMENT # F03926

1. Entity Name
MIAMI INDUSTRIAL DEVELOPERS, INC.



Principal Place of Business
% MALINA, JAY ~~5582 NW 79TH AVE~~
5582 NW 79TH AVE
MIAMI FL 33166
US

Mailing Address
% MALINA, JAY WAAS RENTY
5582 NW 79TH AVE
MIAMI FL 33166
US

10025851



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2059330

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MALINA, JAY
3667 PARK LANE
COCONUT GROVE FL 33133

Name **MARTIN WAAS**
Street Address (P.O. Box Number is Not Acceptable) **5582 NW 79 AVENUE**
City **Miami** FL **33166**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	NAME	WAAS, RICHARD	<input type="checkbox"/> Delete
STREET ADDRESS	5582 N.W. 79TH AVENUE			
CITY-ST-ZIP	MIAMI, FL 00000			
TITLE	D	NAME	TRESS, MITCHELL	<input type="checkbox"/> Delete
STREET ADDRESS	5582 N.W. 79TH AVENUE			
CITY-ST-ZIP	MIAMI, FL 00000			
TITLE	D	NAME	WAAS, MAXWELL	<input type="checkbox"/> Delete
STREET ADDRESS	5582 N.W. 79TH AVENUE			
CITY-ST-ZIP	MIAMI, FL 00000			
TITLE	D	NAME	TRESS, JEAN	<input type="checkbox"/> Delete
STREET ADDRESS	5582 N.W. 79TH AVENUE			
CITY-ST-ZIP	MIAMI, FL 00000			
TITLE	PD	NAME	MALINA, JAY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5582 N.W. 79TH AVENUE			
CITY-ST-ZIP	MIAMI, FL 00000			
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				

TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE	PD	NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE	D	NAME	MARTIN WAAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5582 NW 79 AVE			
CITY-ST-ZIP	MIAMI FL 33166			
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 607, 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: *Martin Waas*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/03 3055929574
Date Daytime Phone #

CR2E034 (10/02)