

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F23678

1. Entity Name

MIAMI LABELS CORPORATION

Principal Place of Business

6991 NW 82ND AVE 5
MIAMI FL 33166

Mailing Address

6991 NW 82ND AVE 5
MIAMI FL 33166

2. Principal Place of Business

3. Mailing Address

1800 W. 49 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

121

City & State

City & State

Midland, FL.

Zip

Country

Zip

33012

Country

USA

4. FEI Number 59-2446303

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZAMUDIO, JUAN

6991 NW 82ND AVE 5
MIAMI FL 33166

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

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, 2001 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

T
NAME CADENA-ZAMUDIO, GEORGINA
STREET ADDRESS 5610 NW 79 AVE
CITY-ST-ZIP MIAMI FL 33166 ☐ Delete

☐ Change ☐ Addition

S
NAME PEREZ, PATRICIA Z.
STREET ADDRESS 17100 SW 86 AVENUE
CITY-ST-ZIP MIAMI FL 33176 ☐ Delete

☐ Change ☐ Addition

P
NAME ZAMUDIO, JUAN
STREET ADDRESS 5610 NW 79 AVE
CITY-ST-ZIP MIAMI FL 33166 ☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Del.

Daytime Phone #

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90038 024 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)