

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003509

1. Entity Name

MIAMI HOLDINGS OF SOUTH FLORIDA, INC.

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90014 032 ***150.00

Principal Place of Business Mailing Address
16411 N.W. 8TH AVENUE. BLDG. 174 16411 N.W. 8TH AVENUE. BLDG. 174
MIAMI FL 33169 MIAMI FL 33169-5812

2. Principal Place of Business

3. Mailing Address

4344 W. Capitol Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Milwaukee, WI

4. FEI Number 39-1947189

Applied For

Not Applicable

Zip

Country

Zip

Country

53216

USA

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

SOLOMON, STANFORD R
3000 NATIONSBANK PLAZA, 400 N. ASHLEY DR.
TAMPA FL 33602-4300

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, 2000 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

TITLE CDP
NAME MORALES, WILLIAM D ☐ Delete
STREET ADDRESS 3339 WEST CAPITOL DRIVE
CITY-ST-ZIP MILWAUKEE WI 53216

TITLE CDP ☒ Change ☐ Addition
NAME Morales, William D
STREET ADDRESS 4344 W. Capitol Dr.
CITY-ST-ZIP Milwaukee, WI 53216

TITLE T ☒ Delete
NAME MORALES, WILLIAM D
STREET ADDRESS 3339 WEST CAPITOL DRIVE
CITY-ST-ZIP MILWAUKEE WI 53216

TITLE VDST ☐ Change ☒ Addition
NAME Madsen, Tracy A
STREET ADDRESS 17 N. Foxhill Rd.
CITY-ST-ZIP N. Salt Lake, UT 84054

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
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tracy A. Madsen

1-19-2000

801-292-1184

Date

Daytime Phone #