

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2002 8:00 am**  
**Secretary of State**

01-24-2002 90176 032 \*\*\*150.00

**DOCUMENT # H32598**

**1. Entity Name**  
**MIA FIA ENTERPRISE, INC.**

**Principal Place of Business**  
 2826 EAST OAKLAND PARK BLVD  
 SUITE 200  
 FT. LAUDERDALE FL 33306

**Mailing Address**  
 2826 EAST OAKLAND PARK BLVD  
 SUITE 200  
 FT. LAUDERDALE FL 33306



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** 59-2536885

Applied For  
 Not Applicable

Zip

Country

Zip

Country

**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**

**SASADU, CHESTER J. JR.**  
 2826 E. OAKLAND PARK BLVD  
 STE-200  
 FT. LAUDERDALE FL 33306

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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** PTD ☐ Delete  
**NAME** FORTIER, THERESA  
**STREET ADDRESS** 5550 N.E. 33RD AVE  
**CITY-ST-ZIP** FT LAUDERDALE FL

**TITLE** ☐ Change ☒ Addition  
**NAME** FORTIER THERESA  
**STREET ADDRESS** 11701 TERRA BELLA BLVD  
**CITY-ST-ZIP** PLANTATION ACRES FL 33325

**TITLE** VSD ☐ Delete  
**NAME** FORTIER, JACQUELINE  
**STREET ADDRESS** 11701 TERRA BELLA BLVD  
**CITY-ST-ZIP** PLANTATION ACRES FL 33325

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** D ☐ Delete  
**NAME** FORTIER, JOHN  
**STREET ADDRESS** 5550 NE 33RD AVE  
**CITY-ST-ZIP** FT. LAUDERDALE FL

**TITLE** ☐ Change ☒ Addition  
**NAME** FORTIER JOHN  
**STREET ADDRESS** 11701 TERRA BELLA BLVD  
**CITY-ST-ZIP** PLANTATION FL 33325

**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**  
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**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
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**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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 9 2002 19547745426  
 Date Daytime Phone #

CR2E034 (9/01)