

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 14, 2000 8:00 am**  
**Secretary of State**

07-14-2000 90002 003 \*\*\*550.00

**DOCUMENT # J24538**

1. Entity Name  
**MIAMI PRESORT & MAIL SERVICES, INC.**

Principal Place of Business  
 6955 NW 82ND AVENUE  
 MIAMI FL 33166

Mailing Address  
 6955 NW 82ND AVENUE  
 MIAMI FL 33166



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 **59-2693492**

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

**FERNANDEZ, JAVIER**  
**715 ORANGE AVENUE**  
**PORT ORANGE FL 32119**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	PVD	<input type="checkbox"/> Delete
NAME	FERNANDEZ, JAVIER	
STREET ADDRESS	775 STERLING CHASE DRIVE	
CITY-ST-ZIP	PORT ORANGE FL 32124	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	BLANCO, ANDRES	
STREET ADDRESS	66 VALENCIA, #1103	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	SHEILA BLANCO	
STREET ADDRESS	9716 NW 51 Terrace	
CITY-ST-ZIP	Miami, FL 33178	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Sheila Blanco / SHEILA BLANCO 7/7/00 (305) 591-4400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (3/00)