# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jan 29, 2002 8:00 AM**
**Secretary of State**

DOCUMENT# J64001

**Entity Name:** MIAMI FREE ZONE MANAGEMENT SERVICES CORPORATION

**Current Principal Place of Business:**

C/O MARIA CAMILA LEIVA
2305 NW 107TH AVE, S-107
MIAMI, FL 33172 US

**New Principal Place of Business:**

C/O MARIA CAMILA LEIVA
1550 MADRUGA AVENUE SUITE 406
CORAL GABLES, FL 33146 US

**Current Mailing Address:**

C/O MARIA CAMILA LEIVA
2305 NW 107TH AVE, S-107
MIAMI, FL 33172 US

**New Mailing Address:**

C/O MARIA CAMILA LEIVA
1550 MADRUGA AVENUE SUITE 406
CORAL GABLES, FL 33146 US

**FEI Number: 59-2796272** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEIVA, MARIA C
2305 NW 107TH AVE
SUITE 107
MIAMI, FL 33172 US

**Name and Address of New Registered Agent:**

LEIVA, MARIA C
1550 MADRUGA AVENUE
SUITE 406
CORAL GABLES, FL 33146 US

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: MARIA CAMILA LEIVA 01/29/2002
Electronic Signature of Registered Agent Date

**This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: LEIVA, MARIA CAMILA,
Address: 2305 NW 107TH AVE, SUITE S-107
City-St-Zip: MIAMI, FL 33172

Title: D ( ) Delete
Name: LEIVA, GERMAN,
Address: 2305 NW 107TH AVE, SUITE S-107
City-St-Zip: MIAMI, FL 33172

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition
Name: LEIVA, MARIA CAMILA
Address: 1550 MADRUGA AVENUE SUITE 406
City-St-Zip: CORAL GABLES, FL 33146

Title: D (X) Change ( ) Addition
Name: LEIVA, GERMAN
Address: 1550 MADRUGA AVENUE SUITE 406
City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA CAMILA LEIVA D 01/29/2002
Electronic Signature of Signing Officer or Director Date