

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M02702

1. Entity Name
MIAMI DIVER II, INC.



Principal Place of Business
2994 N. MIAMI AVE.
MIAMI, FL 33127 US

Mailing Address
2994 N. MIAMI AVE.
MIAMI, FL 33127 US

FILED
04 JAN 23 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2428420
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PETERS, KEVIN S
2994 N. MAIMI AVE.
MIAMI, FL 33127

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PETERS, KEVIN
STREET ADDRESS	2419 GULFSTREAM LANE
CITY-ST-ZIP	LAUDERDALE ISLES, FL 33312
TITLE	D
NAME	ZELS, THOMAS
STREET ADDRESS	1950 N. HIBISCUS DR.
CITY-ST-ZIP	MIAMI, FL 33181
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

300027525633
01/23/04--01061--029 **150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 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)

Date

Daytime Phone #

1/16/04 305-571-9700