## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Jan 29, 2000 8:00 am Secretary of State **DOCUMENT # M47937** 1. Entity Name MID & ASSOCIATES, INC. 01-29-2000 90036 012 \*\*\*150.00 Mailing Address Principal Place of Business 801 N VENETIAN DRIVE 801 N VENETIAN DRIVE #1208 #1208 MIAMI BEACH FL 33139-1007 MIAMI BEACH FL 33139 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2808030 Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required ~~~~7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent. Name DIAZ. MARIA TERESA Street Address (P.O. Box Number is Not Acceptable) 801 N VENETIAN DRIVE #1208 MIAMI BEACH FL 33139 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 (NOTE: Registered Agent signature required when reinstating) ed agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition ☐ Delete TITLE TITLE. DIAZ. MARIA-TERESA NAME NAME STREET ADDRESS STREET ADDRESS 801 N VENETIAN DRIVE #1208 CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Change Addition ☐ Delete TITLE TITLE GARCIA-DIAZ, DANIEL NAME NAME STREET ADDRESS STREET ADDRESS 801 N VENETIAN DRIVE #1208 CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Change ~ \* ☐ Addition Delete TITLE GARCIA, ILEANA E NAME NAME STREET ADDRESS STREET ADDRESS 801 N VENETIAN DRIVE #1208 CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Change Addition ☐ Delete TITLE TITLE GARCIA-DIAZ, MANUEL NAME NAME STREET ADDRESS STREET ADDRESS 801 N VENETIAN DRIVE #1208 CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL:33139 Addition ☐ Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR