

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90270 039 ***150.00

DOCUMENT # **M 47937 (1)** ✓
 Entity Name **MID ASSOCIATES, INC**

Principal Place of Business **MID ASS. INC** Mailing Address **POST OFFICE BOX 160668 MIAMI FL 33116**



DO NOT WRITE IN THIS SPACE

Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
- MARIA T. DIAZ P.O. Box 160668 MIAMI FL 33116				Name MARIA T. DIAZ Street Address (P.O. Box or other is Not Acceptable) 11250 SW 1975T#102 MIAMI City MIAMI State FL Zip Code 33157			

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]* DATE: **3-15-01**

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150. After MAY 1, 2001 Fee will be \$250. 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. CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P. MARIA T. DIAZ NAME: P. MARIA T. DIAZ STREET ADDRESS: P.O. Box 160668 CITY-STATE-ZIP: MIAMI FL 33116	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T. MARIA DIAZ DANIEL NAME: T. MARIA DIAZ DANIEL STREET ADDRESS: P.O. Box 160668 CITY-STATE-ZIP: MIAMI FL 33116	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S. MARIA ILEANA E NAME: S. MARIA ILEANA E STREET ADDRESS: P.O. Box 160668 CITY-STATE-ZIP: MIAMI FL 33116	<input type="checkbox"/> Delete	TITLE:	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: V. MARIA DIAZ MANUEL NAME: V. MARIA DIAZ MANUEL STREET ADDRESS: P.O. Box 160668 CITY-STATE-ZIP: MIAMI FL 33116	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

3. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.01(1)(b), Florida Statutes. I further certify that the information is true and accurate and that my signature shall be the same 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]* DATE: **3/15/01**