

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90369 002 ***150.00

DOCUMENT # M47937

1. Entity Name
MID & ASSOCIATES, INC.

Principal Place of Business
**801 N VENETIAN DRIVE
 #1208
 MIAMI BEACH FL 33139**

Mailing Address
**PO BOX 160668
 MIAMI FL 33116**



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

59-2808030

Applied For

Not Applicable

Zip **33131**

Country **DADE**

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

**DIAZ, ARSAAIO
 11250 SW 197 ST #102
 MIAMI FL 33157**

Name **F. EVSA GARCIA**
 Street Address (P.O. Box Number is Not Acceptable)
**848 BRIEFKELL AVE SUITE 625
 MIAMI
 FL Zip Code 33131**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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	P	<input type="checkbox"/> Delete
NAME	DIAZ, MARIA TERESA	
STREET ADDRESS	PO BOX 160668	
CITY-ST-ZIP	MIAMI FL 33116	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GARCIA-DIAZ, DANIEL	
STREET ADDRESS	PO BOX 160668	
CITY-ST-ZIP	MIAMI FL 33116	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	GARCIA-DIAZ, MANUEL	
STREET ADDRESS	PO BOX 160668	
CITY-ST-ZIP	MIAMI FL 33116	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	DIAZ, GARCIA	
STREET ADDRESS	PO BOX 160668	
CITY-ST-ZIP	MIAMI FL 33116	
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	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EASTO ANTONIO	
STREET ADDRESS	P.O. Box 160668	
CITY-ST-ZIP	MIAMI FL 33116	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EASTO, VEDA	
STREET ADDRESS	P.O. Box 160668	
CITY-ST-ZIP	MIAMI FL 33116	
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		
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:

[Signature]

4-10-02

Date

186-425-1454

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARSAAIO DIAZ

CR2E034 (9/01)