

# 2001 UNIFORM BUSINESS REPORT (UBR)

1/2

**FILED**

**Feb 13, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90156 014 \*\*\*\*61.25

**DOCUMENT # N00000001967**

1. Entity Name

**MIAMI KILLIAN HIGH SCHOOL CAGETTES, INC.**

Principal Place of Business

Mailing Address

11411 SW 131ST AVE.  
MIAMI FL 33186

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MIAMI FL 33186

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0934996

Applied For

Not Applicable

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

**STEIN, MARVIN P**  
**8603 S. DIXIE HWY., SUITE 408**  
**MIAMI FL 33143-7828**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution: ☐

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

**Make Check Payable to Department of State** ☐

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
President	Kim Morris	10525 SW 131 ct.	Miami, FL. 33186				
Treasurer	Marvin P. Stein	8603 S. Dixie Hwy, Suite 408	Miami, FL. 33143				
Director	Alicia Heinrich	9821 SW 147 street	Miami, FL 33176				

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 617, 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)