

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000008107**

1. Entity Name

MIAMIARTEXCHANGE, INC.

Principal Place of Business

**3550 N MIAMI AVE
MIAMI FL 33127**

Mailing Address

**3550 N MIAMI AVE
MIAMI FL 33127**

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

65-1064121

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**RIFAS, HAROLD M
7900 RED RD STE 9
S MIAMI FL 33143**

7. Name and Address of New Registered Agent

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

TITLE **D** ☐ Delete
NAME **STEINBAUM, BERNICE**
STREET ADDRESS **3550 N MIAMI AVE**
CITY-ST-ZIP **MIAMI FL 33127**TITLE **D** ☐ Delete
NAME **RIFAS, KAREN**
STREET ADDRESS **9603 SW 93 AVE**
CITY-ST-ZIP **MIAMI FL 33176**TITLE **D** ☐ Delete
NAME **TRASOBERAS, CESAR**
STREET ADDRESS **1045 10TH ST #707**
CITY-ST-ZIP **MAIMI BCH FL 33139**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 #

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90291 043 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)