

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28209

1. Entity Name

SOUTH MIAMI BUSINESS NETWORK, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90089 001 ****61.25

Principal Place of Business

C/O NANCY WEAR
200 S BISCAYNE BLVD #1800
MIAMI FL 33131
US

Mailing Address

C/O NANCY WEAR
200 S BISCAYNE BLVD #1800
MIAMI FL 33131-2329
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0070014

Applied For

Not Applicable

Zip

Country

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

WEAR, NANCY
200 S BISCAYNE BLVD #1800
MIAMI FL 33131

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 ~~DP~~ ☒ Delete
NAME ~~MASSES-VALERA, GEORGINA~~
STREET ADDRESS ~~PO BOX 650296~~
CITY-ST-ZIP ~~MIAMI FL 33265~~

TITLE ~~DV~~ ☐ Delete
NAME ~~WEAR, NANCY~~
STREET ADDRESS ~~200 S BISCAYNE BLVD #1800~~
CITY-ST-ZIP ~~MIAMI FL 33131~~

TITLE ~~DS~~ ☐ Delete
NAME ~~MORGAN, NANCY~~
STREET ADDRESS ~~269 GIRALDA AVE. # 302~~
CITY-ST-ZIP ~~CORAL GABLES FL 33134~~

TITLE ~~DT~~ ☐ Delete
NAME ~~BIRTS, MARIE~~
STREET ADDRESS ~~5710 SW 62 STREET~~
CITY-ST-ZIP ~~MIAMI FL 33143~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~DP~~ ☒ Change ☐ Addition
NAME ~~WEAR, NANCY~~
STREET ADDRESS ~~200 S BISCAYNE BLVD #1800~~
CITY-ST-ZIP ~~MIAMI FL 33131~~

TITLE ~~DV~~ ☒ Change ☐ Addition
NAME ~~SINGER, Linda~~
STREET ADDRESS ~~9130 S Dadeland Blvd, Ste 1000~~
CITY-ST-ZIP ~~MIAMI FL 33156~~

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

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

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

TITLE ☐ 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:

S. MORGAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9 March 00 (305) 3475295
Date Daytime Phone #

CR2E037 (9/99)