

2000 UNIFORM BUSINESS REPORT (UBR)

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

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

DOCUMENT # N28209

1. Entity Name

SOUTH MIAMI BUSINESS NETWORK, INC.

Principal Place of Business

Mailing Address

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

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 650286**
 CITY-ST-ZIP **MIAMI FL 33265**

TITLE **DP** Change Addition
 NAME **Wear, Nancy**
 STREET ADDRESS **200 S Biscayne Blvd #1800**
 CITY-ST-ZIP **Miami FL 33131**

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 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. MASSES-VALERA **9 March 00 (305) 347629**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)