

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90032 039 ****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

300
 below

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

300
 below

909112



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1234 So. Dixie Hwy

1234 So Dixie Hwy

Suite, Apt. #, etc.
 Suite 337

Suite, Apt. #, etc.
 Suite 337

City & State
 Coral Gables FL

City & State
 Coral Gables FL

4. FEI Number

65-0070014

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

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

1234 So. Dixie Hwy
 SUITE 337
 CORAL GABLES, FL 33140

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME DT
 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 DV
 SINGER, LINDA
 STREET ADDRESS 9130 S DADELAND BLVD STE 1609
 CITY-ST-ZIP MIAMI FL 33156

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS 1234 So. Dixie Hwy
 CITY-ST-ZIP SUITE 337

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS Coral Gables FL
 CITY-ST-ZIP 33140

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)