

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90024 007 ****61.25

DOCUMENT # N28209

1. Entity Name

SOUTH MIAMI BUSINESS NETWORK, INC.

Principal Place of Business

C/O NANCY WEAR
 1234 S DIXIE HWY. #337
 CORAL GABLES FL 33146
 US

Mailing Address

C/O NANCY WEAR
 1234 S DIXIE HWY. #337
 CORAL GABLES FL 33146
 US

402692



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

WEAR, NANCY
1234 S DIXIE HWY, #337
CORAL GABLES FL 33146

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 **DS** ☒ Delete
 NAME ~~MORGAN, NANCY~~
 STREET ADDRESS ~~269 GIBBS 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 **DV** ☒ Delete
 NAME ~~SINGER, LINDA~~
 STREET ADDRESS ~~9130 S PALM BLVD STE 1600~~
 CITY-ST-ZIP ~~MIAMI FL 33156~~

TITLE **DP** ☐ Delete
 NAME **WEAR, NANCY**
 STREET ADDRESS **1234 S DIXIE HWY, #337**
 CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DS** ☒ Change ☐ Addition
 NAME **DONNA GAINES**
 STREET ADDRESS **1556 CATALONIA AVE**
 CITY-ST-ZIP **CORAL GABLES, FL 33134**

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

TITLE **DV** ☒ Change ☐ Addition
 NAME **John SORGIE**
 STREET ADDRESS **5833 PONCE-DE-LEON BLVD.**
 CITY-ST-ZIP **CORAL GABLE, FL 33146**

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:

SIGNATURE REQUIRED

22 JUN 02 (305) 068-3004

CR2E037 (9/01)