2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001177

MIAMI INTERNATIONAL PRESS CENTER, INC.

Principal Place of Business Mailing Address 111 N.W. 1ST ST. 111 N.W. 1ST ST. SUITE 108 SUITE 108 MIAMI FL 33128 MIAMI FL 33128-1919 2. Principal Place of Business 3. Mailing Address

FILED May 31, 2000 8:00 am Secretary of State

05-31-2000 90040 014 ****70.00



Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State			City & State	City & State		4. FEI Number 65-0590873		Applied For Not Applicable			
Zip		Country	Zip	Country		5. Certificate of Status Desired		\$8.75 Additional Fee Required		 -	
	6. Name	and Address of Curre	nt Registered Agent		7. Name and Address of New Registered Agent						
				Name	<u> </u>			_		1	
		O, JORGE L ESQ.		Street Address (P.O. Box Number is Not Acceptable)							
701 BRICK						-				ĺ	
30TH FLO MIAMI FL				City			FL	Zip Cod	e	1	
8. The above	named entity	y submits this statement	for the purpose of changing its	registered office or	registered agent, or both	n, in the state of Flor	ida.			1	
		,	3 .0								
										}	
SIGNATURE .					<u>.</u>						
	Signature, typed	or printed name of registered age	ent and title if applicable (NOTE	Registered Agent signatu	ire required when reinstating)		DATE				
						<u> </u>			-	1	
FILE NOW:			9. Election Campaign	Financing	\$5.00 May Be	.00 May Be Make		e Check Payable to		Ĺ	
FEE IS \$61.25			Trust Fund Contribu	ution.	Added to Fees		partment o				
		,				•					
10.		OFFICERS AND I	DIRECTORS	11.	ADDITIONS/CHA	NGES TO OFFICER	RS AND DIRE	CTORS IN]_	
TITLE	SD		□ Delete	TITLE			Į.	☐ Change	Addition	18	
NAME	BURGOS,	MODESTO W.		NAME		į.				9	
STREET ADDRESS	111 NW 1	ST ST STE 108		STREET ADDRESS						E037	
CITY-ST-ZIP	MIAMI FL			CITY-ST-ZIP] ដួ	
TITLE	co		Delete	TITLE			[Change	Addition	[2	
NAME	LAUREDO	. LUIS -	, ,	NAME	•	Í		-			
STREET ADDRESS		19T-9T. STE 100-		STREET ADDRESS		الم				ļ.	
CITY-ST-ZIP	MIAMI FL	33128	-	CITY-ST-ZIP							
TITLE	TD		☐ Delete	TITLE				Change	Addition		
NAME	DOLARA,	Peter		NAME						l	
STREET ADDRESS	111 N.W.	1ST ST. STE 108		STREET ADDRESS		·				-	
CITY-ST-ZIP	MIAMI FL	33128		CITY-ST-ZIP					<u> </u>]	
TITLE	MD	-	☐ Delete	TITLE			[☐ Change	Addition		
NAME	FALINO, L	OUIS		NAME		}				1	
STREET ADDRESS		ST ST, STE 108		STREET ADDRESS							
CITY-ST-ZIP	MIAMI FL			CITY-ST-ZIP							
TITLE		·	☐ Delete	TITLE	 -			☐ Change	☐ Addition		
NAME				NAME							
STREET ADDRESS				STREET ADDRESS							
CITY-ST-ZIP		_		CITY-ST-ZIP							
TITLE			☐ Delete	TITLE				Change	Addition		
NAME			-	NAME		ł					
STREET ADDRESS				STREET ADDRESS						1	
CITY-ST-ZIP				CITY-ST-ZIP							
40 1 h a cale		. ! f t ! ! ! !	tale and a filty of the second		- d i- 0i 440.07(8)(ii	Clarida Statutas I	f attach		-f	1	

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 inclosed 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 a didress, with all other like empowered.

SIGNATURE:

CONTROL OFFICER OR DIRECTOR Date Daytime Phone #