9/1/00-90004-004-$61.25-$61.25

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004929

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000824471

1. Entity Name

MIAMI INTERNET ALLIANCE, INC.

Principal Place of Business	Mailing Address
1001 BRICKELL BAY DR., STE. 1520 MIAMI FL 33131	1001 BRICKELL BAY DR., STE. 1520 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	247 SW 8th St.
Suite, Apt. #, etc.	Suite, Apt. #, etc. PMB 219
City & State	City & State MIAMI FLORIDA
Zip / Country	Zip 33130 / Country USA

4. FEI Number 65-0974084 ☐ 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
NELSON, BRIAN H ESQ AKERMAN, SENTERFITT & EIDSON, P.A. SUNTRUST INT'L CEN. 28 FLOOR 1 SE 3RD AVE. MIAMI FL 33131-1714	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
After September 13, 2000 min. will be $236.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	ANDRE VANY-ROBIN, D PRESIDENT 1001 BRICKELL BAY DR., SUITE 1520 MIAMI, FL, 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JOSE CHAO, D TREASURER 8095 SW 77th CT MIAMI - FL - 33166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ALBERT LLODRA, D VICE PRESIDENT 1200 ANASTASIA AVE. CORAL GABLES, FL. 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GILBERTO MANRESA, D SECRETARY 5200 BLUE LAGOON DR., SUITE 830 MIAMI, FL, 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP 18	☐ Change ☐ Addition

CR2E037 (5/00)

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.

305-374-5600

SIGNATURE: BRIAN H. NELSON, Director August 21, 2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

October 20, 2000