

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 28, 2001 08:00 AM****Secretary of State****DOCUMENT # N99000004929**1. Entity Name  
MIAMI INTERNET ALLIANCE, INC.

Principal Place of Business	Mailing Address
1001 BRICKELL BAY DR., STE. 1520	247 SW 8TH ST
MIAMI FL 33131	PMB 219 MIAMI FL 33130

2. Principal Place of Business	3. Mailing Address
4770 BISCAYNE BLVD	

Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE 700	

City & State	City & State
MIAMI FL	

Zip	Country	Zip	Country
33137			

4. FEI Number	Applied For
65-0974084	Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**NELSON BRIAN HESQ  
AKERMAN, SENTERFITT & EIDSON, P.A.  
SUNTRUST INT'L CEN. 28 FLOOR 1 SE 3RD AVE.  
MIAMI FL 331311714 US**7. Name and Address of New Registered Agent**Name  
NELSON BRIAN HESQ  
Street Address (P.O. Box Number is Not Acceptable)  
AKERMAN, SENTERFITT & EIDSON, P.A.  
SUNTRUST INT  
City MIAMI FL Zip Code 331311714

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 **NELSON, BRIAN H ESQ****03/28/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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	SD	<input type="checkbox"/> Delete
NAME MANRESA GILBERTO		
STREET ADDRESS 5200 BLUE LAGOON DR., SUITE 830		
CITY-ST-ZIP MIAMI FL 33126		
TITLE	VPD	<input type="checkbox"/> Delete
NAME LEODRA ALBERT		
STREET ADDRESS 1200 ANASTASIA AVE		
CITY-ST-ZIP CORAL GABLES FL 33134		
TITLE	TD	<input type="checkbox"/> Delete
NAME CHAO JOSE		
STREET ADDRESS 8055 SW 77TH CT		
CITY-ST-ZIP MIAMI FL 33166		
TITLE	PD	<input type="checkbox"/> Delete
NAME VANY-ROBIN ANDRE		
STREET ADDRESS 1001 BRICKELL BAY DR., STE. 1520		
CITY-ST-ZIP MIAMI FL 33131		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	TD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME LOPEZ ALBERT			
STREET ADDRESS 4770 BISCAYNE BLVD, SUITE 700			
CITY-ST-ZIP MIAMI FL 33137			
TITLE	VPD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME SARACHEK LIZ			
STREET ADDRESS 4770 BISCAYNE BLVD, SUITE 700			
CITY-ST-ZIP MIAMI FL 33137			
TITLE	SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME CHAO JOSE			
STREET ADDRESS 4770 BISCAYNE BLVD, SUITE 700			
CITY-ST-ZIP MIAMI FL 33137			
TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME VANY-ROBIN ANDRE			
STREET ADDRESS 4770 BISCAYNE BLVD, SUITE 700			
CITY-ST-ZIP MIAMI FL 33137			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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)(f), 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: JOSE CHAO****SD****03/28/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Faxing Phone #

CR2E037 (11/00)