

FILED
Jul 03, 2001 8:00 am
Secretary of State

05-18-2001 91752 001 ***300.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000004049

1. Entity Name

MUN-BID, CORP.

(LR)

Principal Place of Business

Mailing Address

5960 SOUTHWEST 57TH AVE
MIAMI FL 33143

5960 SOUTHWEST 57TH AVE
MIAMI FL 33143

2. Principal Place of Business

1500 SAN REMO AVENUE

3. Mailing Address

1500 SAN REMO AVENUE

Suite, Apt. #, etc.

SUITE 300

Suite, Apt. #, etc.

SUITE 300

City & State

CORAL GABLES FLORIDA

City & State

CORAL GABLES FLORIDA

4. FEI Number.

Applied For
 Not Applicable

Zip

Country

33146

USA

Zip

Country

33146

USA

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

SCHREIBER, GERHARDT A
2222 PONCE DE LEON BLVD
PENTHOUSE STE
CORAL GABLES FL 33146

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
WOLFBERG, DAVID

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP
1500 SAN REMO AVENUE SUITE 300
CORAL GABLES, FLORIDA 33146

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
ALVAREZ, JULIO

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP
1500 SAN REMO AVENUE SUITE 300
CORAL GABLES, FLORIDA 33146

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Signature)
4-27-01 (305) 666-5474
Date Daytime Phone #

CR2E034 (10/00)