FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 OCT 21 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000007139

1. Entity Name

MIAMI INTERNATIONAL COMPLIANCE, INC.

DO NOT WRITE IN THIS SPACE

200023958692
10/21/03--01012--010 **150.00

REINSTATEMENT 03

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10720 NW 66 ST	P.O BOX 524076
Suite, Apt. #, etc.: 405	Suite, Apt. #, etc.:
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33178 Country:	Zip: 33152 Country:

4. FEI Number: 65-0974973 ☐ Applied Fo ☐ Not Applic

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: LUIS A MARQUEZ

Street Address (P.O. Box Number is Not Acceptable):

10720 NW 66 ST #405

City: MIAMI **FL** Zip Code: 33178

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. I am familiar with, and acc the obligations of registered agent.

SIGNATURE: [signature] X 10/16/03

Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Added to Fee

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/ LUIS A MARQUEZ 10720 NW 66 ST #405 MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/ LUIS E SANCHEZ 15453 SW 68 LANE MIAMI, FL 33193
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	**DO NOT WRITE**
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TITLE 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 informati 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 direc 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 10 or on a attachment with an address, with all other like empowered.

SIGNATURE: [signature] LUIS A MARQUEZ X 10/16/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #