## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Mar 23, 2001 8:00 am Secretary of State DOCUMENT # P0000018840 MIAMI INVESTORS, CORP. 03-23-2001 90019 013 \*\*\*150.00 Principal Place of Business Mailing Address 7342 PEPPER PIKE DR. -7342 PEPPER PIKE DR. MIAMI FL 33015 MIAMI FL 33015 2. Principal Place of Business 3. Mailing Address ひょうたりどん 5U76 NW Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For Floring 65-0988 **TMAIM IMAIM** Not Applicable \$8.75 Additional 3016 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MORAITIS, GEORGE Street Address (P.O. Box Number is Not Acceptable) 16919 NW 57TH AVE **MIAMI FL 33055** City 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 cligible to satisfy its Intangible FILE-NOW!!!-FEE-IS-\$150.00-10. Election Campaign Financing Tax filing requirement and elects to do so. **\$5.00** маў ве After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 7 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE SECURIOS LEGUANDES Change ☐ Addition NAME NAME 2200 NW 1998t STREET ADDRESS STREET ADDRESS MIAMILIEC 3301S CITY-ST-ZIP CITY-ST-ZIP Accoupting. ☐ Delete TITLE Change ☐ Addition Barbara Hernandez NAME NAME STREET ADDRESS STREET ADDRESS 124 West 184VE CITY-ST-ZIP CITY-ST-7IP TITLE SECRETARY ☐ Delete TITLE Change Addition NAME NAME Odebahwi Mérnan de s STREET ADDRESS STREET ADDRESS 2260 NW 199 St CITY-ST-ZIP CITY-ST-ZIP WWWI LEC TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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)(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 amovered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if with all other like empowered. changed, or on an attachment with a