2002 UNIFORM BUSINESS REPORT (UBR)

Jan 16, 2002 8:00 am Secretary of State P00000018840. DOCUMENT # 1. Entity Name 01-16-2002 90011 028 ***150.00 MIAMI INVESTORS, CORP. Principal Place of Business Mailing Address 15476 NW 77 COURT 15476 NW 77 COURT #400 #400 MIAMI_LAKES_FL_33016 MIAMI:LAKES.FL:33016_ US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0988413 Not Applicable Zip Country Zip Country \$8.75 Additional 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 Zip Code City FL 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) FILE-NOW!!!=FEE-IS-\$150:00-9.—This corporation is eligible to eatisfy its Intangible— 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01 TITLE ☐ Delete TITLE ☐ Addition HERNANDER ()SWALDO HERNANDEZ, OSUAIDO NAME NAME 13900 LAKE PLACID CT 8260 NW 199 STREET STREET ADDRESS STREET ADDRESS MIDMI LAKES, FL 33014 MIAMI FL 33015 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME HERNANDEZ, BARBARA NAME STREET ADDRESS STREET ADDRESS 5924 WEST 18 AVENUE CITY-ST-ZIP HIALEAH FL 33012 CITY-ST-ZIP Change TITLE ☐ Delete TITLE HERNANDEZ ODERNYMI ☐ Addition 13900 LAKES PLUCID CT. NAME HERNANDEZ, ODERAYMI NAME STREET ADDRESS STREET ADDRESS 8260 NW 199 STREET MUMILITY 33014 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33015** ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C(TY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

changed, or on an attachment with a

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE

FILED