

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000022474

1. Entity Name
MIAMI NETWORK CORPORATION

09-17-2001 90155032 ***550.00
P00000022474
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 29 PH 5:59

Principal Place of Business
2601 S. BAYSHORE DRIVE
STE. 1250
MIAMI FL 33133

Mailing Address
2601 S. BAYSHORE DRIVE
STE. 1250
MIAMI FL 33133

2. Principal Place of Business
2701 S. BAYSHORE DRIVE

3. Mailing Address
2701 S. BAYSHORE DRIVE

Suite, Apt. #, etc.
310

Suite, Apt. #, etc.
310

City & State
MIAMI FL.

City & State
MIAMI FL.

Zip
33133

Country

Zip
33133

Country

4. FEI Number 65-0996637

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FREEMAN, ROBERT A PA
2601 S. BAYSHORE DRIVE
STE. 1250
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name
STEPAN SEVSS
Street Address (P.O. Box Number is Not Acceptable)
2701 S. BAYSHORE DRIVE
City
MIAMI FL Zip Code
33133

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 registering)

DATE

9-10-2001

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE	D	<input type="checkbox"/> Delete
NAME	DIAZ, ARIEL	
STREET ADDRESS	2601 S. BAYSHORE DRIVE STE. 1250	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
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	

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 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 REQUIRED ARIEL DIAZ

9-10-2001 8881000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

11/15/2001