

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90112 026 ***158.75

DOCUMENT # P00000024074

1. Entity Name
NORTH MIA, CORP.

Principal Place of Business

~~670 ROTH, ROUSSO, & BENJAMIN P.A.~~
~~8850 S. DIXIE HWY. PH 2~~
~~MIAMI FL 33156~~

Mailing Address

2742 BISCAYNE BLVD
MIAMI FL 33137



2. Principal Place of Business

2875 NE 191 ST.
702 B

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

AVENTURA

City & State

4. FEI Number

65-0993328

Applied For

Not Applicable

Zip

FL

Country

33180

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROTH, LEONARD A-ESQ.

9350 S. DIXIE HWY. PH 2

MIAMI FL 33156

7. Name and Address of New Registered Agent

Name

PABLO G. BARRERIO

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

2875 NE 191 ST. # 702

City

AVENTURA

FL

Zip Code

33180

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, 2002 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

TITLE **PD** ☐ Delete
NAME **BARRERIO, PABLO G**
STREET ADDRESS **17050 N. BAY RD 1004**
CITY-ST-ZIP **SUNNY ISLES FL 33160**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)