

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 21, 2001 8:00 am**  
**Secretary of State**

02-21-2001 90019 043 \*\*\*150.00

**DOCUMENT # P00000025986**

1. Entity Name  
**MIAMI BEACH ENTERPRISES, INC.**

Principal Place of Business      Mailing Address  
**9516 SW 118TH PLACE**      **9516 SW 118TH PLACE**  
**MIAMI FL 33186**      **MIAMI FL 33186**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
*Same as Above*      *Same as Above*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
*N/A*      *N/A*

City & State      City & State  
*Miami, FL*      *Miami, FL*

4. FEI Number      Applied For  
*65-1008751*       Not Applicable

Zip      Country      Zip      Country      5. Certificate of Status Desired       **\$8.75 Additional Fee Required**  
*33186*      *U.S.A.*      *33186*      *U.S.A.*      *N/A*

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**MARTINEZ, ARMANDO SR**  
**9516 SW 118TH PLACE**  
**MIAMI FL 33186**

Name      *N/A*  
 Street Address (P.O. Box Number is Not Acceptable)      *N/A*  
 City      *N/A*      **FL**      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]*      (NOTE: Registered Agent signature required when reinstating)      DATE: *2/14/01*

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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTINEZ, ARMANDO SR</b>	NAME	
STREET ADDRESS	<b>9516 SW 118TH PLACE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTINEZ, NELSON SR</b>	NAME	
STREET ADDRESS	<b>9516 SW 118TH PLACE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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]*      Date: *2/14/01*      Daytime Phone #

CR2E034 (10/00)