

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90321 015 \*\*\*150.00

DOCUMENT#- 700060025986  
1. Entity Name  
*Miami Beach Enterprises, Inc.*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*9516 SW 118 PL.*  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.  
*SAME*

DO NOT WRITE IN THIS SPACE

City & State  
*Miami FL*

Zip  
*33186*

Country  
*USA*

4. FEI Number  
*65-1008751*

Applied For  
 Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
*Armando Martinez, Sr.*

Street Address (P.O. Box Number is Not Acceptable)  
*9516 SW 118 PL.*

City  
*Miami* FL Zip Code  
*33186*

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 \_\_\_\_\_ (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)

January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$61.25  
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 NAME STREET ADDRESS CITY - ST - ZIP	<i>D Martinez, Sr. Armando 9516 SW 118 PL. Miami, FL 33186</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>AD Martinez, Nelson 9516 SW 118 PL. Miami, FL 33186</i>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: *4-9-02* DAYTIME PHONE #: *305-5951229*

CR2E034B (12/01)