

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90483 040 \*\*\*150.00

0140712

**DOCUMENT # P00000026627**

1. Entity Name

**MID ANTIQUES & INTERIORS, INC.**

Principal Place of Business

**801 NORTH VENETIAN DRIVE  
 SUITE 1208  
 MIAMI BEACH FL 33139  
 NP**

Mailing Address

**POST OFFICE BOX 160668  
 MIAMI FL 33116**

**00000001**

2. Principal Place of Business

**1756 N BAYSHORE DR  
 SUITE, Apt. #, etc. 32H**

3. Mailing Address

**PO Box 160668  
 SUITE, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

**MIAMI - FL**

City & State

**MIAMI FL**

4. FEI Number

**65-0991073**

Applied For

Not Applicable

Zip

**33132**

Country

**DADE**

Zip

**33116**

Country

**DADE**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

**MARIA DIAZ**

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

**1756 N BAYSHORE DR**

**32H**

City

**MIAMI**

FL

Zip Code

**33132**

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]*

Signature, typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

**3-10-01**

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, 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

TITLE **PSTD** ☒ Delete  
 NAME **DIAZ, ROSARIO**  
 STREET ADDRESS **801 NORTH VENETIAN DRIVE**  
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition  
 NAME **MARIA DIAZ**  
 STREET ADDRESS **1756 N BAYSHORE DR #32H**  
 CITY-ST-ZIP **MIAMI FL 33132**

TITLE **T/S** ☐ Change ☒ Addition  
 NAME **DANIEL GARCIA DIAZ**  
 STREET ADDRESS **1756 N BAYSHORE DR #32H**  
 CITY-ST-ZIP **MIAMI FL 33132**

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

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

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TITLE ☐ Change ☐ 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-10-01**

Date

Daytime Phone #

**786-924-2175**

CR2E034 (10/00)