

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000052524

1. Entity Name
MIAMI FUN COMPANY

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90041 038 ***150.00

Principal Place of Business 7751 NE BAYSHORE CT #4C MIAMI FL 33138	Mailing Address 7751 NE BAYSHORE CT #4C MIAMI FL 33138
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2. Principal Place of Business 6750 COLLINS AVE	3. Mailing Address 6750 COLLINS AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIAMI BEACH, FL	City & State MIAMI BEACH, FL
Zip 33141	Country DADE

4. FEI Number 651011163	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent REYES, MICHELLE 7751 NE BAYSHORE CT #4C MIAMI FL 33138	7. Name and Address of New Registered Agent Name MICHELLE R. REYES Street Address (P.O. Box Number is Not Acceptable) 6750 COLLINS AVE City MIAMI BEACH FL Zip Code 33141
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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 Michelle R. Reyes / President DATE 4/24/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D PRESIDENT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME REYES, MICHELLE		NAME	
STREET ADDRESS 7751 NE BAYSHORE CT #4C		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33138		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	
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: Michelle R. Reyes / MICHELLE R. REYES DATE 4/24/01 DAYTIME PHONE # 305 993-5613
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)