

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90095 015 ***150.00

DOCUMENT # P00000056121

1. Entity Name
MI VIDA INVESTMENTS, INC.



Principal Place of Business
3811 SW 129 AVE
MIAMI FL 33175

Mailing Address
3811 SW 129 AVE
MIAMI FL 33175

60003036



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-1045664

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FAMADA, MARIO
8121 SW 104TH STREET
MIAMI FL 33156

Name **FAMADA MARIO**

Street Address (P.O. Box Number is Not Acceptable)
3811 S.W. 129 AVE

City **MIAMI**

FL

Zip Code **33175**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *MARIO FAMADA* **MARIO FAMADA President**

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

(NOTE: Registered Agent signature required when reinstating)

1/3/2003
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **FAMADA, MARIO**
STREET ADDRESS **8121 SW 104TH STREET**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **Vice President** ☐ Change ☒ Addition
NAME **MARTHA FAMADA**
STREET ADDRESS **3811 S.W. 129 AVE**
CITY-ST-ZIP **MIAMI FL 33175**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

1/3/2003

SIGNATURE: SIGNATURE REQUIRED MARIO FAMADA President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-4778110

CR2E034 (10/02)