

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000061626

1. Entity Name

MIAMI MID-CENTURY, INC.

Principal Place of Business

Mailing Address

1717 N. Bayshore Drive #3256
Miami, FL 33152

1717 N. Bayshore Drive #3256
Miami, FL 33152

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

Treadway, Dee Anne
1717 N. Bayshore Drive #3256
Miami, FL 33152

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

(NOTE: Registered Agent signature required when re-registering)

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 D
NAME Treadway, Dee Anne
STREET ADDRESS 1717 N. Bayshore Drive #3256
CITY - ST - ZIP Miami, FL 33152

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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CITY - ST - ZIP

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

SIGNATURE:

Dee Anne Treadway

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

09/24/01 305 538 3443

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT -4 AM 9:17

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-10/23/01--01022--007
****150.00 ****150.00

DO NOT WRITE IN THIS SPACE

2 -
Mary E. Prados, C.P.A., P.A.

September 24, 2001

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: EXIM TRADERS, INC. / Application & Check Lost by Post Office
P95000017741

Dear Sir:

As of today Check # 1906 sent on April 29, 2001, payable to Department of State has not clear our bank and it is outstanding. We have also checked with your office today & you have not received the renewal form & the mentioned check. We believe that check & application were lost in the mail by the Post Office. We kindly request for you at this time to please process our new Application for renewal and our new check enclosed herewith. Stop payment has been issued for lost check.

Please contact me at (305) 538-3443

Best regards,



Mary E. Prados