

FILED
Jul 19, 2001 8:00 am
Secretary of State

06-20-2001 90007 009 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P00000006444Z

1. Entity Name

MIAMI STYLE GROUP CORPORATION

Principal Place of Business

Mailing Address

1820 SW 16 ST
MIAMI, FL 33145

SAHR

2. Principal Place of Business

1820 SW 16 ST

Suite, Apt. #, etc.

3. Mailing Address

1820 SW 16 ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL 33145

Zip

33145

Country

Zip

Country

4. FEI Number

65-1066815

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

ROBERTO PONCIANO
1820 SW 16 ST
MIAMI, FL 33145

Name

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

City

FL

Zip Code

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 reinstating)

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 State10. Election Campaign Financing
Trust Fund Contribution.\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|-----------------|-------------------------------|---------------------------------|
| TITLE | PRESIDENT | <input type="checkbox"/> Delete |
| NAME | ROBERTO PONCIANO | |
| STREET ADDRESS | 1820 SW 16 ST MIAMI, FL 33145 | |
| CITY - ST - ZIP | | |

| | | |
|-----------------|--|-------------------------------------------------------------------|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| | | |
|-----------------|-----------------|---------------------------------|
| TITLE | Vice President | <input type="checkbox"/> Delete |
| NAME | JOSE ALVAREZ | |
| STREET ADDRESS | 6055 SW 3 ST | |
| CITY - ST - ZIP | MIAMI, FL 33126 | |

| | | |
|-----------------|--|-------------------------------------------------------------------|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| | | |
|-----------------|-----------------|---------------------------------|
| TITLE | Treasurer | <input type="checkbox"/> Delete |
| NAME | LUIS JINEBER | |
| STREET ADDRESS | 1820 SW 16 ST | |
| CITY - ST - ZIP | MIAMI, FL 33145 | |

| | | |
|-----------------|--|-------------------------------------------------------------------|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

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|-----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
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| NAME | | |
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| CITY - ST - ZIP | | |

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| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| | | |
|-----------------|--|-------------------------------------------------------------------|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/01 305-854-5110

Date

Daytime Phone #

CR2034 (11/00)