2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT

P00000069444

1. Entity Name

MIAMI SOUVENIRS INC.



Principal Place of Business									
21	SE	187	A۷	ENUE	STE	300			
MI.	IMA	FL 3	3313	1					

Mailing Address 21 SE 1ST AVENUE STE 300

FILED Feb 06, 2003 8:00 am Secretary of State 02-06-2003 90072 043 ***150.00

WILL SC	3131		MIAMI	FL 33131								
2. Principal Place of Business		3. Maili	3. Mailing Address						il o d iale 1 0 111	Bibit Bibit Bibliogi		
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City 8	City & State			4.	hh-111341398			Applied For	
Zip	Country Zip			Country	′	5.				Not Applicable Additional		
	6. Name a	and Address of Current	Registered	I Agent			7 1	Name and Address of Name Da			Juirea	
				Agent		Name	- 7. 1	Name and Address of New Re	gistered	I Agent-	-	
FRANCO	, ABRAHAM					, , , , , , , , , , , , , , , , , , ,						
ı	ST AVENUE S	STE 300				Street Addr	ress (P.O. B	Box Number is Not Acceptable)				
Miami Fl	L 33131											
			-11.0	-		City			FI		Code	
8. The above the obligat	e named entity : tions of register	submits this statement for ed agent.	or the purpos	se of changing its	registered	office or reg	gistered ag	ent, or both, in the State of Flor	ida. I am	n familiar v	vith, and accept	
SIGNATURE .												
		printed name of registered agent	and title if applic	able. (NOTE:	: Registered A	gent signature re	equired when re	einstating)	DATE			
		FEE IS \$150.00 Fee will be \$550.00	Ì					9. Election Campaign Fina	ncing	\$	5.00 May Be	
Make Check	k Payable to I	lorida Department o	f State					Trust Fund Contribution.	İ		dded to Fees	
10.		OFFICERS AND	DIRECTORS	S	11.		AD	DITIONS/CHANGES TO OFFIC	ERS AN	D DIRECT	OBS IN 11	
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STREET ADDRESS		AVENUE STE 300			NAME							
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR