

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000 073051

Entity Name

MIA HOMES, INC.

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90044 005 ***150.00

Principal Place of Business
1400 SALZEDO ST.
SUITE 110
CORAL GABLES FL 33134

Mailing Address
1400 SALZEDO ST
SUITE 110
CORAL GABLES FL 33134

Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

553166

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1061059

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

HERNANDEZ, OLGA
6800 SW 40TH ST
#42
MIAMI FL 33155-3708

Name
HERNANDEZ, OLGA
Street Address (P.O. Box Number is Not Acceptable)
1400 SALZEDO ST
#110
City CORAL GABLES FL Zip Code 33134

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 reappointing)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P.D. VILLAN, PEDRO 111 EDgewater DR. CORAL GABLES FL 33133-3708	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S.V. VILLAN, PEDRO 111 EDgewater DR. CORAL GABLES FL 33133-3708	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

VILLAN, PEDRO

4/25/01

CR2E034 (11/00)