

2001 UNIFORM BUSINESS REPORT (UBR)

1/23/01-90101-030-\$150.00-\$150.00

DOCUMENT # P00000089028

1. Entity Name

MIAMI FANTASIAS SOUTH CORP.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 10 PM 12:20

UUUUUUU1



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1717 N BAYSHORE DR. APT 2855
MIAMI FL 33131

Mailing Address

1717 N BAYSHORE DR. APT 2855
MIAMI FL 33131

2. Principal Place of Business

12770 SW 88ST

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

4. FEI Number

65-1041013

Applied For

Not Applicable

Zip

33186

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARBIN, EVAN R ESQ
48 E FLAGLER ST, PH 104
MIAMI FL 33131

7. Name and Address of New Registered Agent

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 State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	NAME	GARCIA, MILTON	<input type="checkbox"/> Delete
STREET ADDRESS			1717 N BAYSHORE DR, APT 2855	
CITY-ST-ZIP			MIAMI FL 33131	
TITLE	D	NAME	ERINOSTINA GARCIA	<input type="checkbox"/> Delete
STREET ADDRESS			12770 SW 88 ST	
CITY-ST-ZIP			MIA FL 33186	
TITLE	D	NAME	ANABEL GARCIA	<input type="checkbox"/> Delete
STREET ADDRESS			12770 SW 88 ST	
CITY-ST-ZIP			MIA FL 33186	
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		NAME	GARCIA MILTON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			12770 SW 88 ST	
CITY-ST-ZIP			MIA FL 33186	
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				

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 empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

1-10-01 305 3585809