

7/24/01

FILED
Aug 10, 2001 8:00 am
Secretary of State

07-24-2001 90010 031 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000093084			
1. Entity Name MIAMI MOVIES, INC.			
Principal Place of Business 1205 LINCOLN ROAD SUITE 213 MIAMI BEACH FL 33139		Mailing Address 1205 LINCOLN ROAD SUITE 213 MIAMI BEACH FL 33139	
2. Principal Place of Business <i>as above</i>		3. Mailing Address <i>as above</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent SCHIN, SUSAN 800 WEST AVENUE MIAMI BEACH FL 33139		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$550.00 / 150.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	<i>Susan Schin</i> <i>800 West Avenue</i> <i>Miami Beach, FL 33139</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Susan Schin, Presid</i> <i>800 West Ave</i> <i>Miami Beach, FL 33139</i> <input type="checkbox"/> Change <input checked="" 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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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: <i>SIGNATURE REQUIRED</i>		Date <i>July 19, 2001</i> 672-9297	



DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)