

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2003 8:00 am
Secretary of State

06-02-2003 90188 036 ***150.00

DOCUMENT # P00000096755

1. Entity Name
MIAMIHOMESVIA.COM, INC.



Principal Place of Business
**7137 S.W. 117TH AVENUE
MIAMI, FL 33183**

Mailing Address
**P.O. BOX 830787
MIAMI, FL 33283**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1147526

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MARI, MARIAELINE C CPA
7800 SW 79 TERR
MIAMI, FL 33143**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature Required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **KIOSSEFF, DIMITRI**
CITY-ST-ZIP **7137 S.W. 117TH AVENUE
MIAMI, FL 33183**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

5/29/03

DATE

Daytime Phone #

CR2E034 (10/02)

MiamiHomesVia.com, Inc.
Document # P00000096755

Attachment
90138345
P.O. BOX 830787
Miami, Florida 33283

May 29, 2003

Division of Corporations
Uniform Business Report Filings
P.O. BOX 1500
Tallahassee, Florida 32302-1500

Dear Sir or Madam:

I'm writing the Division of Corporations to inform you that I have not received by mail the 2003 Uniform Business Report. I'm sending the report I've downloaded from the Internet, with the normal fee of \$150 included with this letter hoping I will not be penalized for not receiving the report from you.

Thank you for your assistance in this matter.

Sincerely,



Dimitri Kiosseff
Director