

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-22-2002 90220 043 ***150.00

DOCUMENT # P00000107431

1. Entity Name

MIAMI FINANCIAL NETWORK CORPORATION

Principal Place of Business

**151 MAJORCA AVENUE
 SUITE D
 CORAL GABLES FL 33134**

Mailing Address

**151 MAJORCA AVENUE
 SUITE D
 CORAL GABLES FL 33134**

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

65-1056543

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ECHVERRY, LINA M
 1865-79 STREET APT. 8-0
 NORTH BAY VILLAGE, FL 33141**

7. Name and Address of New Registered Agent

Name: JEAN PAUL LAFONTANT
Street Address (P.O. Box Number is Not Acceptable): 40036 WINDING LAKE ROAD # 102
City: SUNRISE FL Zip Code: 33351

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, 2002 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	PTD	<input checked="" type="checkbox"/> Delete
NAME	ECHVERRY, LINA M	
STREET ADDRESS	1865-79 STREET APT. 8-0	
CITY-ST-ZIP	NORTH BAY VILLAGE FL 33141	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	LAFONTANT, CLAUDE	
STREET ADDRESS	38 FAIRWAY TERRACE	
CITY-ST-ZIP	NORWOOD NJ 07848	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEAN PAUL LAFONTANT	
STREET ADDRESS	10036 WINDING LAKE ROAD # 102	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARRERA, JUAN CARLOS	
STREET ADDRESS	10440 SW 156 CT.	
CITY-ST-ZIP	MIAMI, FL 33196	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUAN CARLOS BARRERA, VP

3/8/02 (305) 476-3900
 Date Daytime Phone #

CR2E034 (9/01)