

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 MAY -6 PM 2:58.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000116142

1. Entity Name

FIRST CANASI & MIRAMAR, CORP.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2891 COLLINS AVENUE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI BEACH, FL.

City & State

4. FEI Number

65-1076286

Applied For

Not Applicable

Zip

33140

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

JORGE RIZZO

Street Address (P.O. Box Number is Not Acceptable)

2891 COLLINS AVENUE

City MIAMI BEACH

FL

Zip Code

33140

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity certifies that it is not the subject of a change of its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature of officer or director or registered agent and title if applicable

(NOTE: Registered Agent signature required when constituting)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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/P  
NAME JORGE RIZZO  
STREET ADDRESS 2891 COLLINS AVENUE  
CITY - ST - ZIP MIAMI BEACH, FL. 33140

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE D/S/T.  
NAME MARIA CRISTINA GARCIA  
STREET ADDRESS 2891 COLLINS AVENUE  
CITY - ST - ZIP MIAMI BEACH, FL. 33140

TITLE  
NAME  
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CITY - ST - ZIP

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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 on an attachment with an address, with all other officers and directors.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/02 305-538-0359  
Date Daytime Phone #

5/13/02

CR2E034B (12/01)