

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

DOCUMENT # P00000117380

1. Entity Name

DOWNTOWN MIAMI MANAGEMENT GROUP,
INC. 2003



DO NOT WRITE IN THIS SPACE

03 JUN 10 PM 5:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2002-2003 UBR

2. Principal Place of Business
100 SE 2ND STREET

Suite, Apt. #, etc.

2600

City & State
MIAMI FL

Zip
33131

Country
USA

3. Mailing Address
100 SE 2ND STREET

Suite, Apt. #, etc.

2600

City & State
MIAMI FL

Zip
33131

Country
USA

4. FEI Number 65-1150923

Applied For

Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name STEWART M. MIRMELLI ESQ

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

100 SE 2ND STREET #2600

City MIAMI

FL

Zip Code
33131

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IN THIS SPACE**

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)

04-25-03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVSD
GREG L MIRMELLI
100 SE 2ND STREET #2600 MIAMI FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03

Date

305 604 0024
Daytime Phone #

CR2E034B (12/02)

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07/15/03--01031--016 **308.75

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