

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90090 034 ***150.00

DOCUMENT # P00000117974

1. Entity Name
MIW, INC.



Principal Place of Business
1813 E SAMPLE RD
POMPANO BEACH FL 33064

Mailing Address
1813 E SAMPLE RD
POMPANO BEACH FL 33064

2. Principal Place of Business
18100 Atlantic Blvd

3. Mailing Address
18100 Atlantic Blvd

Suite, Apt. #, etc.
406

Suite, Apt. #, etc.
406

City & State
Sunny Isles FL

City & State
Sunny Isles FL

Zip
33160

Country

Zip
33160

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1072377

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DELRISCO, WILLIAM
3500 BLUE LAKE DRIVE #C 504
POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

Name Robert E Long
Street Address (P.O. Box Number is Not Acceptable) 11555 Arrow Bay Blvd #200
City Coral Springs **FL** **Zip Code** 33076

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 *Robert E Long*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/25/03
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELRISCO, WILLIAM 2641 E ATLANTIC BLV STE #301/302 POMPANO BEACH FL 33062 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARBELO, MARCELO 2641 E ATLANTIC BLV STE #301/302 POMPANO BEACH FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Arbello, Marcelo 18100 Atlantic Blvd #406 Sunny Isles FL 33160 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REYES, IVAN 2641 E ATLANTIC BLV STE #301/302 POMPANO BEACH FL 33062 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Marcelo Arbello
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/03
Date

Daytime Phone #

CR2E034 (10/02)