

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

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91146 044 \*\*\*150.00

DOCUMENT # P01000002917  
1. Entity Name  
MIAMI MAZ, INC. ✓

666557

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
15 NE 156<sup>TH</sup> ST.  
Suite, Apt. #, etc.

3. Mailing Address  
SAME  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE.

City & State  
N. MIAMI BEACH, FL.  
City & State  
SAME  
Zip  
33162 Country  
DADE Zip  
       Country  
      

4. FEI Number  
65-1066188 Applied For:  
Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
JOSEPH SHOMAR.  
Street Address (P.O. Box Number is Not Acceptable)  
5190 NW 167<sup>TH</sup> ST #113  
City  
MIAMI FL Zip Code  
33014.

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 Joseph Shomar DATE 4/30/02  
Signature, typed or printed name of registered agent and date of application. (NOTE: Registered Agent signature required when re-registering)

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 \$500.00  
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 NAME STREET ADDRESS CITY - ST - ZIP	<u>PVST HUSAM SAFI 801 N MIAMI AVE # 1807 MIAMI, FL 33137.</u>
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**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 116.07(3)(b), 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 like empowered.

SIGNATURE [Signature] DATE 4/30/02  
Typed or printed name of signing officer or director

CR2E0345 (12/01)