2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE RE

SIGNATURE AND TYPED OR PRINTED N

SIGNATURE:

DOCUMENT #

P01000005893

1. Entity Name

MIAMI ALLIANCE, INC.



FILED Mar 03, 2003 8:00 am § Secretary of State 03-03-2003 90446 009 ***150.00

Daytime Phone #

	ce of Business MIAMI AVENUE, SUITE 210 127	Mailing Address 4141 NORTH MIAMI A MIAMI FL 33127	4141 NORTH MIAMI AVENUE. SUITE 210							
2. Principal	Place of Business	3. Mailing Address	3. Mailing Address							
Suite, Apt	. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State			4.	FEI Number	65-107548	3	-	Applied For Not Applicable
Zip	Country	Zip		Country		5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and Address of Curre	ent Registered Agent	l		7. 1	Name and Add	tress of New I	Registered		
				Name						
	roberto G RTH Miami Avenue, Suite 21(-33127)		Street Address (P.O. Box Number is Not Acceptable)						
1111/3414 (C	. 60121			City				FL	Zip Co	ode
8. The above the obligation	e named entity submits this statemer tions of registered agent.	t for the purpose of changing		ed office or regis	stered ag	ent, or both, in	the State of FI	orida, I am	familiar with	n, and accept
SIGNATURE	Signature, typed or printed name of registered ag	neet and title if applicable (A	IOTE: Posisters	d Agent signature requ	·	-leased A				
		gent and the n applicable. (N	IOTE: negistere	a wdeur signarure tedn	ired when re	einstating)		DATE		
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.0 k Payable to Florida Departmen						n Campaign Fi und Contributio			.00 May Be ed to Fees
10.	OFFICERS AND DIRECTORS		11.		AD	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STEEFT ADDRESS CITY-ST-ZIP	D BRAVO, ROBERTO G 2235 ARCH CREEK DRIVE NORTH MIAMI FL 33181	☐ Delete	NAMI STRE	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		- 1					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1					☐ Change	☐ Addition
TITLE NAME Street Address City-St-Zip	•	☐ Delete		ì					☐ Change	☐ Addition
TITLE		D.Delete			تائيسيون				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete							☐ Change	☐ Addition
of the cor	ertify that the information supplied w on this report or supplemental repor poration or the receiver or trustee en or on an attachment with an addres	t is true and accurate and that prowered to execute this repo	t my signati irt as require	ire shall have the	e sama la	anal offect ac i	f mada undar i	aath, that i c	om on office	v ar alleantar