FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) AMENDED



DOCUMENT # P01000011152

1. Entity Name

MIAMI 58 CORPORATION



03 AUG 22 PM 2: 14

SECRETARY OF STATE TALLAHASSEE. FLORIDA

	OO NOT WRITE		SPAU		A CONTRACTOR				
2. Principal Place of Business 1313 Ponce de Leon Blvd.		3. Mailing Address SAME							
Suite, Apt. #, etc.		Suite. Apt. #. etc.					NOTY & E	ME	NDF
200								Jul	Applied For
City & State Coral Gables, FL		City & State			4. 🗀	Number 5-10	76498	2	Not Applicable
33134 Country		Zip	Count	Country		5. Certificate of Status Desired			
SE VIN					7. Name	and Addre	s of Current Re	gistered Ag	jent
			* 1	Name G.	FRANK_	OUESAD	A,-ESQ		
harina sinangan da sa		RITE	(a) (ot Acceptable) EON BLVD	#200	
	IN THIS SF	PACE						<u>#200</u>	
		MUL.		COF	RAL GAB	LES, F	L 33134		
		agang sa Tagana sa Salah sa S		City COE	RAL GAB	LES		FL	Zio C33134
3. The above	named entity submits this statement for	or the purpose of changing	ng its registere	d office or reg	istered agent	t, or both, in t	he State of Florid	la. I am fami	liar with, and accept
	ons of registered agent.								
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable	(NOTE: Registered	Agent signature rec	quired when reinst	aung)		DA₹€	
Jan	uary 1 - May 1 Fee is \$150.00		- Control of the Cont					-1	05.00
	After May 1, Fee Is \$550.00 Amended UBR is \$61.25	Sales and the sales are sales and the sales are sales and the sales are sales are sales are sales are sales are					Campaign Finan nd Contribution.	cing	\$5.00 May Be Added to Fees
Wake Check	Payable to Florida Department o	f State				1100110			
10.	OFFICERS AND	DIRECTORS	3.5	4.8.4482223		, jestik	N. 47 Sec.		
NITE	P/D TERESA JUELLI		"TILE	9 " .					
NAME	c/o G. Frank Quesa		NAM!	LI AODRESS		100	00222	2064	71
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TITLE	Coral Gables, FL		- árle	***		C TANK	*		
NAME	S/D SUSAN JUELL c/o G. Frank Ques	ada, Esq.	NAM				***		
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42 I borobu c	certify that the information supplied wit	h this filing does not qual	life for the eve	motion etated i	in Section 119	2.07/3\(i) Flo	rida Statutes I fr	irther 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 impowered.

TERESA JUELLE

8/7/2003

(305) 446–2517

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytene Phone #