

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90098 032 ***150.00

DOCUMENT # P01000040876**1. Entity Name**
MIAMI HOME SOLUTIONS, INC.**Principal Place of Business**
7852 SOUTHWEST 128TH PLACE
MIAMI FL 33183**Mailing Address**
7852 SOUTHWEST 128TH PLACE
MIAMI FL 33183**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-1094895Applied For
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**CORPORATION SERVICE COMPANY**
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**7. Name and Address of New Registered Agent****Name** LOURDES B. PRIETO**Street Address (P.O. Box Number Is Not Acceptable)**
7852 S.W. 128 PLACE**City** MIAMI **FL** **Zip Code** 33183**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** *Loures B. Prieto* **LOURDES B. PRIETO, SECRETARY** **4/25/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****TITLE** **D** ☐ Delete
NAME SALVADOR, CARLOS
STREET ADDRESS 7865 SOUTHWEST 127TH COURT
CITY-ST-ZIP MIAMI FL 33183**TITLE** **D** ☐ Delete
NAME PRIETO, ORLANDO
STREET ADDRESS 7852 SOUTHWEST 128TH PLACE
CITY-ST-ZIP MIAMI FL 33183**TITLE** ☐ Delete
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CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP**13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.****SIGNATURE:** *Orlando Prieto* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4/25/02** **(305) 380-8950**
Date Daytime Phone #

CR2E034 (9/01)