FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

03 APR -9 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000052762

1. Entity Name

Miami Lakes Office Park Holding, Inc

100015560331
04/09/03--01067--015 **758.75

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE 5/5/02 90032 040-158.75

2. Principal Place of Business	3. Mailing Address
14400 NW 77th Court	14400 NW 77th Court
Suite, Apt. #, etc. #300	Suite, Apt. #, etc. #300
City & State Miami Lakes FL	City & State Miami Lakes FL
Zip 33016 Country USA	Zip 33016 Country USA

4. FEI Number 65-1113901 ☐ 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 Carlos Herrera JR.

Street Address (P.O. Box Number is Not Acceptable) 14400 NW 77th Court #300

City Miami Lakes FL Zip Code 33016

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	Herrera Carlos Jr.
STREET ADDRESS	14400 NW 77th Court #300
CITY-ST-ZIP	Miami Lakes FL 33016
TITLE	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 3-10-03 305-823-8099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #