

2003
~~2002~~ **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000061164

1. Entity Name
MIAMIWORD.COM INC.

Principal Place of Business
**4320 NW 107 AVE #204
MIAMI FL 33178**

Mailing Address
**4320 NW 107 AVE #204
MIAMI FL 33178**

2. Principal Place of Business
8862 W Flagler St

3. Mailing Address
7105 SW 8 St

Suite/Apt. #, etc.
#2

Suite/Apt. #, etc.
309

City & State
Miami FL

City & State
Miami FL

Zip
FL 33174

Zip
33140


Country
33174

Country
33140

FILED

03 JUN -9 AM 10:11

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



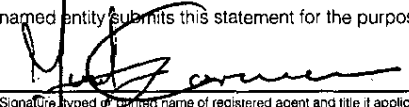
4. FEI Number **65-1114406** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required ☒

6. Name and Address of Current Registered Agent
**CORONA, MARITZA
269 N UNIVERSITY DR SUITE J
PEMBROKE PINES FL 33024**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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  DATE **6/2/03**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

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 Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CORTINEZ, ANGEL E	NAME			
STREET ADDRESS	4320 NW 107 AVE #204	STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33178	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE			
NAME	MESTRE, ANAYS	NAME			
STREET ADDRESS	4320 NW 107 AVE #204	STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33178	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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:  **ANAYS Mestre** **4/2/03** **(305) 226-3443**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

0284178 AV

CF2E034 (9/01)