2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91435 002 ***150.00

DOCUMENT # P01000077164

1. Entity Name
MIA DATA, INC.

Principal Place of Business	Mailing Address
18133 SW 153TH PLACE MIAMI, FL 33187	18133 SW 153TH PLACE MIAMI, FL 33187

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
4158 NW 132 ST	4158 NW 132 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Fl	City & State: Miami Fl
Zip: 33054 Country:	Zip: 33054 Country:

4. FEI Number **65-1128641** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CABRERA, LEANET 18133 SW 153TH PLACE MIAMI, FL 33187	Name: Juan Carlos Viera Street Address (P.O. Box Number Is Not Acceptable): 4158 NW 132 ST City: Miami FL Zip Code: 33054

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: J C Viera — 04/28/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: V NAME: CABRERA, LEANET STREET ADDRESS: 18133 SW 153TH PLACE CITY-ST-ZIP: MIAMI, FL 33187	☒ Delete	TITLE: President NAME: Juan Carlos Viera STREET ADDRESS: 4158 NW 132 ST CITY-ST-ZIP: Miami Fl 33054	☐ Change ☒ Addition
TITLE: P NAME: PAREDES, HILDA STREET ADDRESS: 10300 SW 24TH ST. APT E-23 CITY-ST-ZIP: MIAMI, FL 33165	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: J C Viera — 04/28/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #