

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90099 025 ***550.00

DOCUMENT # P01000095441

1. Entity Name
MIA-NET SERVICES, INC

Principal Place of Business

13270 SW 131 STREET #131
 MIAMI FL 33186

Mailing Address

13270 SW 131 STREET #131
 MIAMI FL 33186



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16794 N. KENDALL DR

3. Mailing Address

16794 N. KENDALL DR.

Suite, Apt. #, etc.

214

Suite, Apt. #, etc.

214

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

01-0558181

Applied For

Not Applicable

Zip

33196

Country

USA

Zip

33196

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, EDGARDO R
13270 SW 131 STREET #131
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name **FERNANDEZ EDGARDO R**
 Street Address (P.O. Box Number is Not Acceptable) **16794 N. KENDALL DR #214**
 City **MIAMI** FL **33196**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/6/02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE **D** ☐ Delete
 NAME **FERNANDEZ, EDGARDO R**
 STREET ADDRESS **13270 SW 131 STREET #131**
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE **D** ☐ Delete
 NAME **TIERNO, MARTA S**
 STREET ADDRESS **13270 SW 131 STREET #131**
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **16794 N. KENDALL DR #214**
 CITY-ST-ZIP **MIAMI, FL 33196**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **16794 N. KENDALL DR #214**
 CITY-ST-ZIP **MIAMI, FL 33196**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/6/02

Date

305-382-7600

Daytime Phone #

CR2E034 (4/02)