

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2002 8:00 am
Secretary of State

03-04-2002 90039 040 ***150.00

DOCUMENT # P01000114335

1. Entity Name

MIAMI TALENT SPECIALTY INC.

Principal Place of Business

~~4710 N.W. 102 AVE.~~
~~SUITE # 204~~
~~MIAMI FL 33178~~

Mailing Address

~~4710 N.W. 102 AVE.~~
~~SUITE # 204~~
~~MIAMI FL 33178~~

2. Principal Place of Business

9860 NW 26 Street

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 227067

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33172

Country

Zip

33122-7067

Country

4. FEI Number

65-1158122

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~MORALES, ABDEL~~
~~4710 N.W. 102 AVE.~~
~~SUITE # 204~~
~~MIAMI FL 33178~~

7. Name and Address of New Registered Agent

Name **LUIS CARLOS CONGOLINO**

Street Address (P.O. Box Number is Not Acceptable)

9860 NW 26 Street

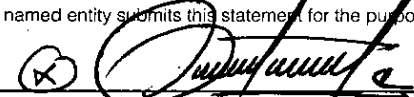
City **Miami**

FL

Zip Code **33172**

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



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

(NOTE: Registered Agent signature required when reinstating)

2/17/02

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME ~~MORALES, ABDEL~~
STREET ADDRESS ~~4710 N.W. 102 AVE. SUITE # 204~~
CITY-ST-ZIP ~~MIAMI FL 33178~~

TITLE **V** ☐ Delete
NAME **CONGOLINO, LUIS CARLOS**
STREET ADDRESS ~~4710 N.W. 102 AVE. SUITE # 204~~
CITY-ST-ZIP ~~MIAMI FL 33178~~

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
CITY-ST-ZIP

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **CONGOLINO, LUIS CARLOS**
STREET ADDRESS **9860 NW 26 Street**
CITY-ST-ZIP **Miami FL 33172**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/02

Date

(786) 586-6013

Daytime Phone #

CR2E034 (9/01)