

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

05-05-2003 91836 007 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000028645					
1. Entity Name MIAMI GARDENS INSURANCE AND INVESTMENT, INC.					
Principal Place of Business 4767 NORTHWEST 183RD STREET MIAMI, FL 33055			Mailing Address 4767 NORTHWEST 183RD STREET MIAMI, FL 33055		
2. Principal Place of Business 4767 N.W. 183 St. Suite, Apt. #, etc.		3. Mailing Address 4767 N.W. 183 St. Suite, Apt. #, etc.			
City & State Miami FL		City & State Miami FL		4. FEI Number 01-062-7979	
Zip 33055		Country Miami, Ade		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145				7. Name and Address of New Registered Agent Name: Howard Howell Street Address (P.O. Box Number is Not Acceptable): 4767 NW 183 St. City: Miami FL Zip Code: 33055	
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: <u>H. Howell</u> DATE: <u>4-20-03</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's Signature Required when submitting)</small>					
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HOWELL, HOWARD D 4767 NORTHWEST 183RD STREET MIAMI, FL 33055	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWELL, MARCIA M 4767 NORTHWEST 183RD STREET MIAMI, FL 33055	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>H. Howell</u> <u>Howard Howell</u> <u>4-20-03</u> <u>(305) 621-2222</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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CR2E034 (10/02)