

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 23, 2004 8:00 am**  
**Secretary of State**

03-23-2004 90014 032 \*\*\*150.00

DOCUMENT # **P02000057082**

1. Entity Name **Miamis Finest Homes  
Realty Corp.**



**DO NOT WRITE IN THIS SPACE**

**4406100J**

2. Principal Place of Business  
**16634 SW 50 TR**  
Suite, Apt. #, etc.

3. Mailing Address  
**16634 SW 50 TR**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Miami FL**

City & State  
**Miami FL**

4. FEI Number  
**161659809**

Applied For  
Not Applicable

Zip  
**33185**  
Country  
**Miami-Dade**

Zip  
**33185**  
Country  
**Miami-Dade**

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

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IN THIS SPACE**

**7. Name and Address of Current 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FEE IS \$61.25  
Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PRESIDENT  
ALDO VERAS  
16634 SW 50 TR  
Miami FL 33185**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**SECRETARY / OFFICER  
VERNESSA WILSON  
16509 SW 54 CT  
Miami, FL 33027**

TITLE  
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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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Aldo Veras** President **03/16/2004** **305-915-6793**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)