

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90128 033 ***150.00

DOCUMENT # P02000077773

1. Entity Name
MIS OFICINAS, INC.



Principal Place of Business
1155 BRICKELL BAY DRIVE UNIT 1507
MIAMI FL 33131

Mailing Address
1155 BRICKELL BAY DRIVE UNIT 1507
MIAMI FL 33131

2. Principal Place of Business
848 BRICKELL AVE.

3. Mailing Address
848 BRICKELL AVE.

Suite, Apt. #, etc.
1225 Suite.

Suite, Apt. #, etc.
1225 Suite

City & State
MIAMI, FL.

City & State
MIAMI, FL.

4. FEI Number
64-2066076

Applied For
Not Applicable

Zip
33131

Country
USA

Zip
33131

Country
USA

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

TOVAR, ILEANA A ESQ
1725 MAIN STREET STE 205
WESTON FL 33326

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

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 **DP** ☐ **Delete**
NAME **GUERRERO, JOSE P**
STREET ADDRESS **1155 BRICKELL BAY DRIVE UNIT 1507**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☒ **Change** ☐ **Addition**
NAME **848 BRICKELL AVE. Suite 1225**
STREET ADDRESS **MIAMI, FL. 33131**
CITY-ST-ZIP

TITLE **DV** ☒ **Delete**
NAME **GUERRERO, CARLOS A**
STREET ADDRESS **1155 BRICKELL BAY DRIVE UNIT 1507**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ **Change** ☒ **Addition**
NAME **D**
STREET ADDRESS **ANDREA REINERS**
CITY-ST-ZIP **848 BRICKELL AVE. Suite 1225**
MIAMI, FL. 33131

TITLE **T** ☒ **Delete**
NAME **DUMANI, YALILE**
STREET ADDRESS **1155 BRICKELL BAY DRIVE UNIT 1507**
CITY-ST-ZIP **MIAMI FL 33131**

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

TITLE **S** ☒ **Delete**
NAME **GUERRERO, ANA CRISTINA**
STREET ADDRESS **1155 BRICKELL BAY DRIVE UNIT 1507**
CITY-ST-ZIP **MIAMI FL 33131**

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOSE P. GUERRERO

Jan-28-2003 (205) 374-4454
Date Daytime Phone #

CR2E034 (10/02)