

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90294 002 \*\*\*158.75

**DOCUMENT # P02000084921**

1. Entity Name  
**MIAMI FINISHING, INC.**



Principal Place of Business  
**7249 NW 36 COURT  
MIAMI FL 33147**

Mailing Address  
**7249 NW 36 COURT  
MIAMI FL 33147**

**60006799**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**43-1970150**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MARX, JAMES  
200 S BISCAYNE BLVD  
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

**MARX, JAMES**

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

**848 BRICKELL AVENUE SUITE 750**

City **MIAMI**

FL

Zip Code  
**33131**

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 **JAMES MARX**

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

(NOTE: Registered Agent signature required when reinstating)

**1-13-03**

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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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**C = CHAIRMAN**

**RICHARD B. WOLF**

**625 BILTMORE WAY**

**CORAL GABLES, FL 33134**

**P = PRESIDENT**

**MARK K. POPLIN**

**17435 N.W. 85 AVE**

**MIAMI, FL 33015**

**S = SECRETARY**

**LISA POPLIN**

**16321 ONTERIO PL**

**DAVIE, FL 33331**

**T = TREASURER**

**DAVID WYRICK**

**20524 S.W. 52 MANOR**

**PENBROKE PINES, FL 33332**

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:

**MARK K. POPLIN** **1/8/03** **(305) 836-1300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)