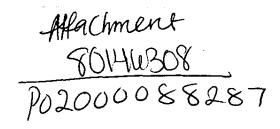
FILED

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

Sep 10, 2003 8:00 am Secretary of State P02000088287 **DOCUMENT #** 09-10-2003 90063 043 ***150.00 1. Entity Name MICMAN INVESTMENTS, INC. Principal Place of Business Mailing Address 10415 NW 43RD TERR. 10415 NW 43RD TERR. MIAMI FL 33178 MIAMI FL 33178 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number City & State City & State Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent Name IZQUIERDO, NATALIA Street Address (P.O. Box Number is Not Acceptable) 1550 NW 96TH AVE. **MIAMI FL 33172** City Zip Code ed 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 8. The above nar 📇 the obligation of registered agent. SIGNATURE ne of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. חם ■ Addition TITLE Delete TITLE Change BLANCO, CARIDAD NAME NAME 10415 NW 43RD TERR. STREET ADDRESS STREET ADDRESS **MIAMI FL 33178** CITY-ST-ZIP CITY-ST-ZIP VĎ TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME BLANCO, JUAN NAME STREET ADDRESS 9800 SW 49TH ST. STREET ADDRESS MIAMI FL 33165 CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

Date Daytime Phone 4



September 8, 2003

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, Fl 32302-1500

To whom it may concern:

Please accept my 2003 Uniform Business Report Filing with a check for \$150.00.

This is the first year I file an UBR and I didn't receive the original filing form due by May 1st.

If you have any questions do not hesitate to contact me.

Sincerely,

Caridad Blanco

President