

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90235 046 ***150.00

AY 1108170

DOCUMENT # P02000115203



1. Entity Name
MIAMI WORLD INTERNATIONAL, INC.

Principal Place of Business: **169 EAST FLAGLER STREET SUITE 1534 MIAMI FL 33131**
Mailing Address: **169 EAST FLAGLER STREET SUITE 1534 MIAMI FL 33131**



2. Principal Place of Business: **17021 North Bay Road**
Suite, Apt. #, etc.: **#110**
City & State: **Sunny ISLES**
Zip: **33160** Country: **3**

3. Mailing Address
Suite, Apt. #, etc.:
City & State: **Same**
Zip: Country:

CHECK HERE IF MAKING CHANGES

4. FEI Number: **02-0655662**
Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

AYARZA, MARCELO E
169 EAST FLAGLER STREET SUITE 1534
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): **16919 NORTH BAY ROAD**
City: **Sunny ISLES** State: **FL** Zip Code: **33160**

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]* DATE: **4/12/03.**

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	D <input type="checkbox"/> Delete
NAME	AYARZA, MARCELO E
STREET ADDRESS	169 EAST FLAGLER STREET SUITE 1534
CITY-ST-ZIP	MIAMI FL 33131
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	16919 NORTH BAY ROAD #421
CITY-ST-ZIP	Sunny ISLES FL 33160
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]* DATE: **4/12/03.**

CR2E034 (10/02)