

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000046148

1. Entity Name

MICRO IDENTIFICATION SYSTEMS, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90201 023 ***150.00

Principal Place of Business

2121 PONCE DE LEON BLVD.
STE 422
CORAL GABLES FL 33134
US

Mailing Address

2121 PONCE DE LEON BLVD.
STE 422
CORAL GABLES FL 33134-5221
US

2. Principal Place of Business

7601 Old Cutler Rd

3. Mailing Address

7601 Old Cutler Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Gables, FL.

City & State

Coral Gables, FL.

Zip

33143

Country

State

Zip

33143

Country

State

4. FEI Number

65-0421918

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ, LUIS R
2842 SW 141ST CT
MIAMI FL 33175

7. Name and Address of New 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE CDP
NAME QUIROS, BERNAL
STREET ADDRESS 7601 OLD CUTLER RD
CITY-ST-ZIP CORAL GABLES FL ☐ Delete

TITLE DVTS
NAME SANCHEZ, LUIS R.
STREET ADDRESS 2842 SW 141 ST CT
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bernard Quiros BERNAL QUIROS

17 Apr 00

305-447-9579

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)