

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000003773

1. Entity Name

MIACON-THE MIAMI INTERNATIONAL CONSTRUCTION SHOW

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90014 037 ***150.00

Principal Place of Business

3400 SOUTHWEST 22ND STREET
MIAMI FL 33145

Mailing Address

2921 CORAL WAY
MIAMI FL 33145-3205

912204



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Same as Mailing Address

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0462396

Applied For

Not Applicable

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

FINOCCHIARO, JUSTIN M
3400 CORAL WAY
SUITE 700
MIAMI FL 33142

Name

FINOCCHIARO JUSTIN M

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

2921 CORAL WAY

City

MIAMI

FL

Zip Code

33145

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME PD
STREET ADDRESS FINOCCHIARO, JUSTIN M
CITY-ST-ZIP 3400 SOUTHWEST 22ND STREET
MIAMI FL 33145

TITLE ☐ Delete

NAME T
STREET ADDRESS FINOCCHIARO, R. MARCIA
CITY-ST-ZIP 3551 SW 23RD TERRACE
MIAMI FL

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-27-00 305-441-2865

CR2E034 (9/99)