

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

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90037 010 \*\*\*150.00

**DOCUMENT #** P94000008838

**1. Entity Name**

MIAPAR, INC.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**  
10031 PINES BLVD.

Suite, Apt. #, etc.  
239

City & State  
PENBROKE PINES, FL

Zip  
33024

Country  
USA

**3. Mailing Address**  
10031 PINES BLVD.

Suite, Apt. #, etc.  
239

City & State  
PENBROKE PINES, FL

Zip  
33024

Country  
USA

DO NOT WRITE IN THIS SPACE

**4. FEI Number**  
65-0497093

Applied For  
Not Applicable

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

**7. Name and Address of Current Registered Agent**

Name  
JERREL MAN A HING

Street Address (P.O. Box Number is Not Acceptable)  
16249 NW 8TH DRIVE

City  
PEMBROKE PINES

FL

Zip Code  
33028

**DO NOT WRITE  
IN THIS SPACE**

**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)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PRESIDENT  
JERREL MAN A HING  
16249 NW 8TH DRIVE  
PEMBROKE PINES, FL 33028

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**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 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 #

*Jerrel MAN A HING*

*3/27/02*

*(954) 437 1001*