

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

0145380

05-17-2001 90369 026 \*\*\*150.00

**DOCUMENT # P94000014760**

1. Entity Name

**LO MEJOR EN EQUIPOS DE MIAMI, INC.**

Principal Place of Business

Mailing Address

1800 S.W. 1 STREET  
 SUITE #308  
 HIALEAH FL 33012  
 US

256 NW 42 AVE  
 MIAMI FL 33126  
 US

2. Principal Place of Business

3. Mailing Address

1800 SW 1 street

1800 SW 1 street

(Suite) Apt. #, etc.

(Suite) Apt. #, etc.

308

308

City & State

City & State

Miami, FL

Miami, FL

Zip

Country

Zip

Country

33135

USA

33135

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARRA, VIOLET  
 1800 SW 1STREET SUITE #308  
 HIALEAH FL 33012

Name: Fernando Nieto  
 Street Address (P.O. Box Number is Not Acceptable): 1800 SW 1st Street  
 Suite 308  
 City: Miami FL Zip Code: 33135

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]*  
 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, 2001 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	PVST	<input checked="" type="checkbox"/> Delete
NAME	PARRA, VIOLET	
STREET ADDRESS	1800 SW 1STREET SUITE #308	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PARRA, VIOLET	
STREET ADDRESS	1800 SW 1STREET SUITE #308	
CITY-ST-ZIP	MIAMI FL 33135	
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	PVST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fernando Nieto	
STREET ADDRESS	1800 SW 1st, Suite 308	
CITY-ST-ZIP	Miami, FL 33135	
TITLE		<input type="checkbox"/> Change <input checked="" 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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 305-643-3500  
 Date Daytime Phone #

CR2E034 (10/00)