


FILE

FILED  
Apr 28, 2003 8:00 am  
Secretary of State

04-28-2003 91303 018 \*\*\*158.75

2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000031566					
1. Entity Name MIAMI DESTINATION, INC.					
Principal Place of Business 401 BISCAYNE BLVD MIAMI, FL 33131		Mailing Address 300 Biscayne Blvd MIAMI, FL 33180			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address Suite, Apt. #, etc. City & State Zip		4. FEI Number 65-0663559	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent WOOD, PANZEGNA 300 Biscayne Blvd MIAMI, FL 33131 #921					
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when registering)</small>					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: _____ <small>Typed or printed name of signing officer or director</small>					

11024233



☐ CHECK HERE IF MAKING CHANGES

FILE NOW WITH FEE IS \$160.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

CR2E034 (10/02)

4/25/2003

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Attachment

217691 AV

DOCUMENT #

~~11604233~~ PA500003156



Entity Name  
~~MIAMI DECONTAMINATION INC.~~  
MIAMI Decontamination Inc

Principal Place of Business  
401 BISCAYNE BLVD.  
SUITE 14  
MIAMI FL 33132

Mailing Address  
300 BISCAYNE BLVD WAY  
#921  
MIAMI FL 33131

11604233



1. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2665244		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
WOOD, PANZEGNA A				Name Panzegna Wood			
300 Biscayne Blvd Way #921				Street Address (P.O. Box Number is Not Acceptable)			
MIAMI FL 33131				300 Biscayne Blvd Way #921			
				City Miami FL Zip Code 33136			

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_

**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	PST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOOD, PANZEGNA A			NAME			
STREET ADDRESS	300 Biscayne Blvd Way			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33131 #921			CITY-ST-ZIP			
	33131	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 address, with all other like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)