

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000068070

1. Entity Name

MIA CONSULTING GROUP, INC.

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90003 047 ***150.00

Principal Place of Business

1200 S ALHAMBRA CIR
CORAL GABLES FL 33146-105
US

Mailing Address

1200 S ALHAMBRA CIR
CORAL GABLES FL 33146-105
US

013104



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0618537**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MIDSTATE LEGAL SUPPLY CORP.
4433 OLD WINTER GARDEN RD.
ORLANDO FL 32811

Name

JACK COE, ESQ

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

370 MINORCA AVE, STE. 6

City

CORAL GABLES

FL

Zip Code

33134

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

2-6-01

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 **D** ☐ Delete
NAME **RAMIREZ, JOSEFINA R**
STREET ADDRESS **1200 S ALHAMBRA CIR**
CITY-ST-ZIP **CORAL GABLES FL 33146**

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

TITLE **P** ☐ Delete
NAME **BRETOS, CONCEPCION T**
STREET ADDRESS **5208 ALTON ROAD**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE ☒ Change ☐ Addition
NAME **374 NE 92 Street**
STREET ADDRESS **Miami Shores**
CITY-ST-ZIP **33138**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

JOSEFINA R. RAMIREZ 02/05/01

Date

Daytime Phone #

305 666-1264

CR2E034 (10/00)

01 1183