

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90240 041 \*\*\*150.00

**DOCUMENT # P95000078833**

1. Entity Name

**MIAMI INTERNATIONAL REAL ESTATE CORP.**

Principal Place of Business

~~235 LINCOLN RD.  
 SUITE 301  
 MIAMI FL 33139~~  
**421 16 ST.  
 MIAMI BEACH  
 FL. 33139**

**Miami International  
 421 16 St.  
 Miami Beach  
 Florida 33139**

00008610



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**421 16 ST.**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

City & State **MIAMI BEACH**

Zip **33139**

Country **DADE**

4. FEI Number

**65-0664558**

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

**ELISHA, BENJAMIN  
 235 LINCOLN RD.  
 #301  
 MIAMI FL 33139**

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.

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>D</b>			
	<b>ELISHA, BENJAMIN</b>	<b>235 LINCOLN RD. #301</b>	<b>MIAMI FL 33139</b>	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 #