

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000096874

1. Entity Name

MURO, INC.

FILED
Aug 02, 2000 8:00 am
Secretary of State

08-02-2000 90157 016 ***550.00

Principal Place of Business

SUNTRUST INTERNATIONAL CENTER
 ONE S.E. 3RD AVE. #2400
 MIAMI FL 33131
 US

Mailing Address

SUNTRUST INTERNATIONAL CENTER
 ONE S.E. 3RD AVE. #2400
 MIAMI FL 33131
 US



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

65-0628996

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

DANIELS, NICHOLAS M
 SUNTRUST INTERNATIONAL CENTER
 ONE S.E. 3RD AVE. SUITE 2400
 MIAMI FL 33131

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	D THYRRE, ROLF G 2 LEUCADENDRA DR CORAL GABLES FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	D THYRRE MARILYN M 2 LEUCADENDRA DR CORAL GABLES FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	D THYRRE, PETER C 2 LEUCADENDRA DR CORAL GABLES FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	D THYRRE, R. ERIC 2 LEUCADENDRA DR CORAL GABLES FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	D THYRRE KRISTINA K 2 LEUCADENDRA DR CORAL GABLES FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	D THYRRE, ALEC G 2 LEUCADENDRA DR CORAL GABLES FL	<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 another like empowered.

SIGNATURE:

Signature
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-29-2000

Date

Daytime Phone #

CR2E034 (5/00)