2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jul 19, 2001 8:00 am DOCUMENT # P96000017504 **Secretary of State** 01-31-2001 90036 044 ***150.00 MIAMI SYMPNONIC SERVICES, INC. Principal Place of Business Mailing Address 14111 LANE SARANAC AVENUE P.O. BOX 5674 76646 MIAMI LAKES FC 33014 HIALEAH FL 23014-1074 3. Mailing Address . 1693 SW 2. Principal Place of Business 93 SW 116AU Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State MEMBROKE PINES City & State PEMBROKE PINES 4. FEI Number 65-0647117 Applied For Not Applicable COUNTRY BROWNER \$8.75 Additional BROWAR 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALFREDO OLIVA 693 5W 116 AU Street Address (D.D. Box Number is Not Acceptable) 1. The state of th PEMBROKE PINES, FI 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00, May.Be After MAY 1, 2001-Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change Addition PEREZ, CECILIA M NAME NAME STREET ADDRESS 14111 LAKE SARANAC AVENUE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI LAKES FL 33014 TITLE ☐ Delete TITLE A Change ☐ Addition OLIVA, ALFREDO JR NAME NAME 14111 LAKE SARÁNAC AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI-LAKES FX-33014 --CITY-ST-7IP 33014-1074 TITLE ALFREBO OLIVA □ Delete NAME 1693 SW 116 AV STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Oalete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 jeport if the 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 suspect 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.

ED-NAME OF SIGNING OFFICER OR DIRECTOR

FILED





FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

February 6, 2001

MIAMI SYMPNONIC SERVICES, INC. P.O. BOX 5074 HIALEAH, FL 33014-1074

Subject: MIAMI SYMPNONIC SERVICES, INC.

Reference

P96000017504

Number:

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The registered agent must have a Florida -street address.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

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ANNUAL REPORTS SECTION