

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90149 024 ***150.00

DOCUMENT # **P96000045482**

1. Entity Name
MIACOM, INC.



Principal Place of Business

~~6073 NW 167 ST C-13~~
~~MIAMI FL 33015~~

Mailing Address

~~6073 NW 167 ST C-13~~
~~MIAMI FL 33015~~



2. Principal Place of Business

6135 NW 167 ST

Suite, Apt. #, etc.

E-11

City & State

MIAMI, FL

Zip

33015

Country

US

3. Mailing Address

SAME

City & State

MIAMI, FL

Zip

33015

Country

US

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0706464

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VASSILIEVA, MARIA
~~6073 NW 167 ST C-13~~
~~MIAMI FL 33015~~

6135 NW 167 ST
E-11
MIAMI, FL 33015

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

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-27-03

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

TITLE **PSTD** ☐ Delete
NAME **VASSILIEVA, MARIA**
STREET ADDRESS ~~6073 NW 167 ST C-13~~
CITY-ST-ZIP ~~MIAMI FL 33015~~ **SAME AS ABOVE**

TITLE **S** ☐ Delete
NAME **KOND, WALTER**
STREET ADDRESS ~~6073 NW 167 ST C-13~~
CITY-ST-ZIP ~~MIAMI FL 33015~~ **SAME AS ABOVE**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 an address, with all other like empowered.

SIGNATURE: *[Signature]* **VASSILIEVA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-03 (305) 890-0012

Date

Daytime Phone #

CR2E034 (10/02)