# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PGCCCCC-49 COO-49 COO-31. Entity Name

new Company Business of Miami, Inc.

## FILED

03 SEP 26 AMII: 18

SECRETARY OF STATE FALLAHASSEE FLORIDA

### DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business<br>11547 SW 844 Lane  | 3. Mailing Address —  | VID: Oboso   | · · · · · · · · · · · · · · · · · · ·                       |  |
|--|---|--|---|--|
| 11547 5W 84" (Ane Suite, Apr. Felc.  | SUTH LANE 3. Mailing Address 86th Place Suite, Apr. #, etc. |  | DO NOT WRITE IN THIS SPACE                                  |  |
|  | # 20W   |  |   |  |
| mismi, Florida   | Florida City's State Planda                                 |  | 4. FEI Number 0070703                                       | Applied For Not Applicable   |
| 33173 Country  | 2200  | Country  |   | \$8.75 Additional<br>Fee Required  |
| 7  |   |  | 7. Name and Address of Current Registered Agent             |  |
| Name Be( () Street Address (f  |   |  | ardo Leiner   |  |
|  |   |  | (P.O. Box Number is Alet Acceptable)  USOND PIACE           |  |
| # 200 1972 13 - 01060 - 001 ** 150.00  |   |  |   |  |
| ciry 600 FL 33126  |   |  |   |  |
| 8. The above named entity admits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. |   |  |   |  |
| SIGNATURE SULLING  | Jeery Bo  | inaido leinea  |   | 3  |
| Significate Typind or printed name of registered agent find title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE       |   |  |   |  |
| <ol> <li>This corporation is eligible to satisfy its Intangible<br/>Tax filing requirement and elects to do so.</li> </ol>                               | January C. May  | y 1 Fee is \$150.00  | 10. Election Campaign Financing Trust Fund Contribution.    | \$5.00 May Be Added to Fees  |
| (See criteria on back) . La Make Check Payable to Department of State  |   |  |   |  |
| 11. OFFICERS AND   | DIRECTORS   |  |   |  |
| MAME STREET ADDRESS BEINGING LEINEY  |   | MAIL CONTRACTOR  |   |  |
| CITY-ST-ZIP (050 NW 8041) PIA  | CĒĘ   | CIPY SE ZIE ZIEW COM   |   |  |
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| NAME   |   |  |   |  |
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| CITY-ST-ZIP  |   | Polivisi Singles (Singles)   |   |  |
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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 eath; 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SHAP THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bernardoleiner 9/20/2003 305-470-7501

1017) (1501)

#### NEW COMPANY BUSINESS OF MIAMI INC 650 NW 86<sup>TH</sup> PLACE SUITE #206 MIAMI, FL 33126

September 20, 2003

Florida Department of State Division of Corporations Tallahassee, Fl 32399

Ref: New Company Business of Miami, Inc.

Doc.#P96000049062

#### To Whom It May Concern:

We are writing this letter because our Uniform Business Report was never received during the year 2003. There was a change of address since the end of the year 2002 and the reports were never sent to the correct address. We have enclosed a reinstatement with the fees due for 2003. We ask that you please waive the penalty because the reports were never received. We apologize for any inconvenience this may cause you. Your prompt attention will be greatly appreciated.

Arena Acosta, Accountant