

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000072703

1. Entity Name

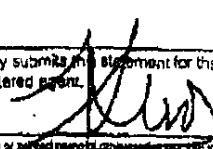
MIRAMAR REAL ESTATE HOLDINGS II, INC.



FILED

03 MAY -1 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business 9350 SOUTH DIXIE HIGHWAY SUITE 1500 MIAMI FL 33156		Mailing Address 9350 SOUTH DIXIE HIGHWAY SUITE 1500 MIAMI FL 33156	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0734262		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SEGREGO, FRANK J 9350 SOUTH DIXIE HIGHWAY SUITE 1500 MIAMI FL 33156		7. Name and Address of New Registered Agent Name FRANK J. SEGREGO, ESQ. Street Address (P.O. Box Number is Not Acceptable) 9350 SOUTH DIXIE HIGHWAY SUITE 1500 City MIAMI FL Zip Code 33156	
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, typed or printed name of registered agent (SEE NOTE) if applicable (NOTE: Registered Agent's signature required when re-registering) DATE			
9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ROSENTHAL, EDWIN M. 9350 SOUTH DIXIE HIGHWAY, SUITE 1500 MIAMI, FL. 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 100017826211 05/01/03--01052--001 **3300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 507, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Systems Photo #			

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