

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000073211

1. Entity Name
MIAMI PROPERTY INVESTMENTS, INC.

Principal Place of Business
7700 NORTH KENDALL DRIVE
SUITE 515
MIAMI FL 33156
US

Mailing Address
P O BOX 165333
MIAMI FL 33116-5333
US

2. Principal Place of Business

3. Mailing Address

11830 SW 112 Av Cir
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, FL

City & State

4. FEI Number NOT APPLICABLE

Applied For
Not Applicable

Zip
33176

Country
USA

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

CHEVALLIER, CLIFFORD C
10240 S W 40TH STREET
MIAMI FL 33165

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SANTOS, RENATO
4131 S W 102ND COURT
MIAMI FL 33165 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
CHEVALLIER, CLIFFORD
10240 S W 40TH STREET
MIAMI FL 33165 ☐ Delete

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

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Change ☐ 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 all other like empowered.

SIGNATURE: *Signature of Renata Santos*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/00 305 378-6820
Date Daytime Phone #

FILED
Aug 17, 2000 8:00 am
Secretary of State
08-17-2000 90572 036 ***550.00



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)