

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90039 029 \*\*\*150.00

**DOCUMENT # P96000083192**

1. Entity Name  
**MIAMI DIVER, INC.**

Principal Place of Business <b>3621 N.E. 1ST COURT          MIAMI FL 33137</b>	Mailing Address <b>3621 N.E. 1ST COURT          MIAMI FL 33137</b>
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014072



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>2994 N. MIAMI AVE.</b>	3. Mailing Address <b>2994 N. MIAMI AVE.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>MIAMI, FL</b>	City & State <b>MIAMI, FL</b>
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4. FEI Number <b>65-0704243</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>33127</b>	Country <b>USA</b>	Zip <b>33127</b>	Country <b>USA</b>
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  
**TOBER, JOHN E ESQ.  
 1401 BRICKELL AVENUE  
 SITE 340  
 MIAMI FL 33131**

7. Name and Address of New Registered Agent  
 Name **KEVIN PETERS**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2994 N. MIAMI AVE.**  
 City **MIAMI** FL Zip Code **33127**

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 **KEVIN PETERS** 1/29/01  
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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PETERS, KEVIN S</b> <b>2419 GULFSTREAM LN</b> <b>LAUDERDALE ISLES FL 33312</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M</b> <b>PETERS, PAUL J</b> <b>573 SW 169TH TERRACE</b> <b>WESTON FL 33326</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **KEVIN PETERS** 1/29/01 305-571-9100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)