

# 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

**3621 N.E. 1ST COURT  
 MIAMI FL 33137**

Mailing Address

**3621 N.E. 1ST COURT  
 MIAMI FL 33137**

2. Principal Place of Business

**2994 N. MIAMI AVE.**

Suite, Apt. #, etc.

3. Mailing Address

**2994 N. MIAMI AVE.**

Suite, Apt. #, etc.

City & State

**MIAMI, FL**

City & State

**MIAMI, FL**

4. FEI Number

**65-0704243**

Applied For

Not Applicable

Zip

**33127**

Country

**USA**

Zip

**33127**

Country

**USA**

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

**TOBER, JOHN E ESQ.  
 1401 BRICKELL AVENUE  
 SITE 340  
 MIAMI FL 33131**

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

*[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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
 NAME **PETERS, KEVIN S**  
 STREET ADDRESS **2419 GULFSTREAM LN**  
 CITY-ST-ZIP **LAUDERDALE ISLES FL 33312**

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

TITLE **M** ☐ Delete  
 NAME **PETERS, PAUL J**  
 STREET ADDRESS **573 SW 169TH TERRACE**  
 CITY-ST-ZIP **WESTON FL 33326**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/29/01 305-571-9700**

CR2E034 (10/00)