

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 14, 2001 8:00 am**  
**Secretary of State**

08-14-2001 90007 027 \*\*\*550.00

**DOCUMENT # P97000035842**

1. Entity Name

**MIAMI EXECUTIVE SERVICES, INC.**

Principal Place of Business

**%MIAMI CORPORATE SYSTEMS, INC.**  
**5200 BLUE LAGOON DR. SUITE 700**  
**MIAMI FL 33126**

Mailing Address

**%MIAMI CORPORATE SYSTEMS, INC.**  
**5200 BLUE LAGOON DR. SUITE 700**  
**MIAMI FL 33126**

2. Principal Place of Business

**283 Catalonia Avenue**

Suite, Apt. #, etc.

**2nd Floor**

City & State

**Coral Gables, FL**

Zip  
**33134**

Country

**U.S.A.**

3. Mailing Address

**283 Catalonia Avenue**

Suite, Apt. #, etc.

**2nd Floor**

City & State

**Coral Gables, FL**

Zip  
**33134**

Country

**U.S.A.**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0749518**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**MIAMI CORPORATE SYSTEMS, INC.**  
**5200 BLUE LAGOON DRIVE**  
**SUITE 700**  
**MIAMI FL 33126**

7. Name and Address of New Registered Agent

Name

**Miami Corporate Systems, Inc.**

Street Address (P.O. Box Number is Not Acceptable)

**283 Catalonia Avenue, 2nd Floor**

City

**Coral Gables**

**FL**

Zip Code

**33134**

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 12, 2001 Fee 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

TITLE **D** ☐ Delete  
 NAME **GRULLON, ALEJANDRO E**  
 STREET ADDRESS **5200 BLUE LAGOON DR, SUITE 700**  
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE **D** ☐ Delete  
 NAME **GRULLON, MANUEL A**  
 STREET ADDRESS **5200 BLUE LAGOON DR, SUITE 700**  
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition  
 NAME **Grullon, Alejandro E.**  
 STREET ADDRESS **283 Catalonia Avenue, 2nd Floor**  
 CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE **D** ☒ Change ☐ Addition  
 NAME **Grullon, Manuel A.**  
 STREET ADDRESS **283 Catalonia Avenue, 2nd Floor**  
 CITY-ST-ZIP **Coral Gables, FL 33134**

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

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

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

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 which all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

Attachment

Doc. # P970000 35842  
774724

LAW OFFICES

**RASCO REININGER & PEREZ  
PROFESSIONAL ASSOCIATION**

283 Catalonia Avenue  
2<sup>nd</sup> Floor  
Coral Gables, Florida 33134  
(305) 476-7100  
Fax (305) 476-7102  
E-mail: sbe@rasco-reininger.com

Salomon B. Esquenazi

Howard R. Behar  
Ana Marie Bray  
Elena De La Vega  
Gaston I. Cantens  
Salomon B. Esquenazi  
Paul Haralson  
Luis A. Pérez  
Ramón E. Rasco  
Steven R. Reiminger\*  
Mercedes M. Sellek  
Michael C. Slotnick, P.A.  
Jorge M. Vigil

José Manuel Palli  
Of counsel

\* Board Certified-Business Litigation

August 10, 2001

Division of Corporations  
Annual Reports Section  
P.O. Box 1500  
Tallahassee, FL 32302-1500

**Re: MIAMI EXECUTIVE SERVICES, INC.**

Dear Sir or Madam:

Enclosed please find the 2001 Annual Report for the above-referenced corporation. Also enclosed is our check in the amount of \$550.00 representing your filing fee. Kindly file said report.

Thank you for your attention to this matter.

Very truly yours,

RASCO REININGER & PEREZ, P.A.

Salomon B. Esquenazi  
For the Firm

SBE/ea

1001-0040\214948