

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000073155

1. Entity Name

MIAMI PARTNERS, INC.

**FILED**  
May 02, 2000 8:00 am  
Secretary of State

05-02-2000 90020 025 \*\*\*150.00

Principal Place of Business

12120 NE 6TH AVE.

#4

NO. MIAMI FL 33161

Mailing Address

12120 NE 6TH AVE.

#4

NO. MIAMI FL 33161-5557

AB001553



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

22 NE 167 ST

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

4. FEI Number

65-0781052

Applied For

Not Applicable

Zip

33162

Country

DADE

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

CASTANARES, CLIFFORD

12120 NE 6TH AVE.

#4

NO. MIAMI FL 33161

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 \$150.00**

**After MAY 1, 2000 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  
NAME CASTANARES, CLIFFORD  
STREET ADDRESS 12120 NE 6 AVE. #4  
CITY-ST-ZIP N. MIAMI FL 33161 ☒ Delete

TITLE VP  
NAME SUBLETTE ANDRE  
STREET ADDRESS 12120 NE 6TH AVE. #4  
CITY-ST-ZIP N. MIAMI FL 33161 ☐ Change ☒ Addition

TITLE D  
NAME KLEIN, NEAL  
STREET ADDRESS 801 NW 99 AVE.  
CITY-ST-ZIP PLANTATION FL 33324 ☐ Delete

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

TITLE D  
NAME GELCH, ELAINE  
STREET ADDRESS 7702 NW 86 WAY  
CITY-ST-ZIP TAMARAC FL 33321 ☐ Delete

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

TITLE VP  
NAME KRESS, PAUL  
STREET ADDRESS 4370 NAUTILUS DR  
CITY-ST-ZIP MIAMI BEACH FL 33140 ☐ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24 2000

305-940-0088