PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FILED

99 DEC 14 PM 2: 12

SECRETARY OF STATE TALLAHASSEE FLORIDA

DOCUMENT # **P98000002855**

1. Corporation Name

MIAMI	CLIPF	PER,	INC.
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Principal Place of Business

Mailing Address

243 EAST FLAGLER STREET STE. 57/58/59/60 --

243.EAST FLAGLER STREET STE. 57/58/59/60

MIAMI FL 33	3131	•	MIAMI FL 33	।अ		1 1401140111	O INIOI SESSI BOSIN \$9114 DARSI DONIN B	TINE TIDEN ERSEN ETIET ESIK IDES
If above ac	ddresses are	incorrect in any way, line thro	ough incorrect in	formation and enter o	correction below.			
New Principal Office Address, If Applicable 3. New Mailin			ng Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida			
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.		01/08/1998 5. FEI Number Applied For			
City & State C		City & State	City & State		6.	0803363	Not Applicable	
Zip		Country .	Zip .·	Country	y .	CERTIFICATE	OF STATUS DESIRED	
7. Names a	and Street Ad	dresses of Each Officer and/	or Director (Flo	rida nonprofit corpora	itions must list at le	ast 3 directors)		
Title(s)	2	Name of Officers and/or Directors			Street Address of Each Officer and/or Director		City / State / Zip	
P	AHMAD, N	IAFEES	:	243 EAST FLAGE	LER STREET STE	E. 57 /	MIAMI FL 33131	
DVP	UPADHYA	SURESH CHANDRA 243 EAST FLA		243 EAST FLAG	GLER STREET STE. 57/		MIAMI FL 33131	
ST	PERERA, \	VASANTHA .		243 EAST FLAG	LER STREET STE	. 57/	MIAMI FL 33131	
		•						
			÷ .		2	60	0003081 -12/28/990	4168 1024004
							****150.00	****150.00
8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent				
Name			Name					
SIDLOSCA, RANDALL L				Street Address (P.O. Box Number is Not Acceptable)				
1101 BRICKELL AVENUE SUITE 400 MIAMI FL 33131		•	Suite, Apt. #, Etc.					
		×			City	, ,,,,,,		te Zip Code
10. 1, being	appointed th	e registered agent of the abo	ove named corp	oration, am familiar w	ith and accept the c	obligations of Sect	ion 607.0505, F.S.	
Signature of Registered	f Agent	worthy		ENT MUST SIGN	IIRED		Date	
this rein owed by	statement ap	officer or director or the recei plication, the reason for disso tion have been paid and the true and accurate, and my si	ver or trustee el olution has beer names of individ	mpowered to execute a climinated, the corporate formula listed on this for	orate name satisfies m do not qualify for	s the requirements r an exemption un	of section 607.0401 or 617.	0401. F.S., that all fees

SIGNATURE:

SIGNATURE AND THE THEORY THE OFFICER OF DIRECTOR

Daytime Phone #