

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91203 050 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000006124**

1. Entity Name

MIAMI DADE INVESTMENT GROUP, INC.

DO NOT WRITE IN THIS SPACE

80124334

2. Principal Place of Business

10871 S.W. 26th St.

Suite, Apt. #, etc.

3. Mailing Address

10871 S.W. 26th St.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, FLORIDA

Zip

33165

Country

U.S.A.

City & State

Miami, FLORIDA

Zip

33165

Country

U.S.A.

4. FEI Number

65-0837872

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fees Required

7. Name and Address of Current Registered Agent

Name

Jose Ramon Lopez

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

10871 S.W. 26th Street

City

Miami

FL

Zip Code

33165

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IN THIS SPACE**

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

X [Signature]

Jose R. Lopez.

05/31/02

9. This corporation is eligible to satisfy its intangible

tax filing requirement and elects to do so

(See criteria on back)

☐

January 1 - May 1, 2002: \$150.00

After May 1, 2002: \$500.00

Amended UBR is \$64.25

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 & STATE

President/Director
Jose Ramon Lopez
10871 S.W. 26th Street
Miami, FLORIDA 33165

TITLE

NAME

STREET ADDRESS

CITY & STATE

TITLE

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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 in an attachment with an address, with all other(s) empowered.

SIGNATURE: **X [Signature]**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose R. Lopez. 05/31/02

2/19

Register File No.

CR2E034B (12/01)