

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000096332**
 1. Entity Name **SBT VENTURES, INC.**
(MIAMI ENVIRONMENTAL INC)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90073 024 ***150.00

Principal Place of Business **814 PONCE DE LEON BLVD**
410
CORAL GABLES, FL 33134
 Mailing Address **814 Ponce de Leon**
Blvd. # 410
CORAL GABLES, FL 33134

2. Principal Place of Business **814 Ponce de Leon Blvd**
 Suite, Apt. #, etc. **410**
 City & State **CORAL GABLES FLA**
 Zip **33134** Country **USA**

3. Mailing Address **814 Ponce de Leon Blvd**
 Suite, Apt. #, etc. **410**
 City & State **CORAL GABLES, FLA**
 Zip **33134** Country **USA**

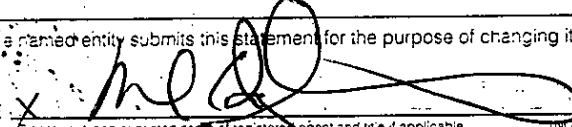
DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0819524**
 Applied For ☐ Not Applicable ☒
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
IGLESIAS, MANUEL E ESQ
ONE S.E. THIRD AVENUE, SUITE 2250
MIAMI FL 33131

7. Name and Address of New Registered Agent
 Name **MANUEL E. IGLESIAS**
 Street Address (P.O. Box Number is Not Acceptable) **814 Ponce de Leon Blvd. # 410**
CORAL GABLES
 City **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  **4/28/2000**
 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

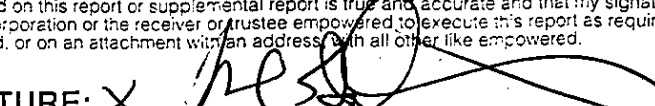
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE P.S.D	☐ Delete
NAME MANUEL E. IGLESIAS	
STREET ADDRESS 814 PONCE DE LEON BLVD.	
CITY-STATE-ZIP CORAL GABLES, FL 33134	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  **4/28/2000**
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #