2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000096332

1. Entity Name SBI 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	Mailing Address
814 PONCE DE LEON Blvd #410 Coral Gables, FL 33134	814 Ponce deLeon Blvd. #410 Coral Gables FL 33134

2. Principal Place of Business	3. Mailing Address
814 Ponce de LEON Blvd	814 Ponce de Leon Blvd.
Suite, Apt. #, etc. 410	Suite, Apt. #, etc. 410
City & State Coral Gables FLA	City & State Coral Gables, FLA
Zip 33134 Country USA	Zip 33134 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0815524 ☐ 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 X [signature] 4/28/2000
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

TITLE	PSD	☐ Delete
NAME	MANUEL E. IGLESIAS	
STREET ADDRESS	814 PONCE DE LEON Blvd,	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] 4/28/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #