

**2001 UNIFORM BUSINESS REPORT (UBR) AMENDED REPORT**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 JUL 18 PM 1:46

DOCUMENT # P98000011212

1. Entity Name  
**THE MIAMI POST CORP.**

Principal Place of Business  
**730 6th ST.  
MIAMI BEACH FL. 33139**

Mailing Address  
**730 6th ST.  
MIAMI BEACH FL. 33139**

2. Principal Place of Business  
**5199 N.W. 7 ST**

3. Mailing Address  
**P.O. BOX 351053**

Suite, Apt. #, etc.  
**106**

Suite, Apt. #, etc.

City & State  
**MIAMI FL**

City & State  
**MIAMI FL**

4. FEI Number  
**65-0812751**

Applied For  
 Not Applicable

Zip  
**33126**

Country

Zip  
**33135**

Country

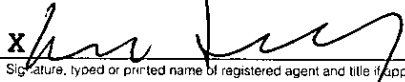
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**TORNES, LUIS  
730 6th ST  
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent  
Name  
**TORNES, LUIS**  
Street Address (P.O. Box Number is Not Acceptable)  
**5199 N.W. 7 ST**  
City  
**MIAMI FL** Zip Code  
**33126**

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  DATE **6/13/01**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DP TORNES, LUIS 730 6th ST MIAMI BEACH FL 33139</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP TORNES, LUIS 5199 N.W. 7 ST. Suite # 106 MIAMI FL 33126</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V TORNES, LUIS A. 6890 S.W. 88 ST. MIAMI FL 33156</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>500004496065-1 -07/25/01--01075--011 *****61.25 *****61.25</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **LUIS TORNES, PRES.** DATE **6/13/01**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/00)