

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90146 009 ***150.00

U5000-20
AV

DOCUMENT # **P98000019841**



1. Entity Name
MIAMI CARTRIDGE 2000, INC.

Principal Place of Business
**10350 SW 110TH STREET
MIAMI FL 33176**

Mailing Address
**10350 SW 110TH STREET
MIAMI FL 33176**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0817949**

Applied For
Not Applicable

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MONTALVAN, CARLOS
10350 SW 110 STREET
MIAMI FL 33176**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Carlos J Montalvan*
Signature, typed or printed name of registered agent, and title if applicable.

OFFICER

01/22/03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MONTALVAN, CARLOS | |
| STREET ADDRESS | 10350 SW 110TH STREET | |
| CITY-ST-ZIP | MIAMI FL 33176 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GIL, ALEJANDRO | |
| STREET ADDRESS | 10350 SW 110TH ST | |
| CITY-ST-ZIP | MIAMI FL 33176 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MONTALVAN, ALBERTO | |
| STREET ADDRESS | 10350 SW 110TH STREET | |
| CITY-ST-ZIP | MIAMI FL 33176 | |
| TITLE | | <input type="checkbox"/> Delete |
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| CITY-ST-ZIP | | |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carlos J Montalvan* **OFFICER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/22/03

DATE

Daytime Phone #

CR2E034 (10/02)