

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

FILED
Jun 02, 2002 8:00 am
Secretary of State

06-02-2002 90905 006 ***150.00

DOCUMENT # P98000020193

1. Entity Name
Miami Industrial Service, Inc
743 NW 111 Street
Miami, FL 33148

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
743 NW 111 Street
Suite, Apt. #, etc.

3. Mailing Address
Same
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami, FL

City & State

4. FEI Number
65-0817845

Applied For
Not Applicable

Zip Country
33148 USA

Zip Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Ruth Leach

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

743 NW 111 Street

City Miami FL Zip Code 33148

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 
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/25/02
DATE

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 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 - ST - ZIP | Ruth Leach, president 743 NW 111 Street Miami, FL 33148 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/02

Date

Daytime Phone #