

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90115 015 \*\*\*150.00

|  |         |   |                         |
|--|---------|---|-------------------------|
| <b>DOCUMENT # P98000023530</b>   |         |   |                         |
| 1. Entity Name<br><b>MIAMI AVENUE PROPERTIES, INC.</b>   |         |   |                         |
| Principal Place of Business<br><b>1349 DADE BOULEVARD<br/>MIAMI BEACH FL 33139</b>   |         | Mailing Address<br><b>1349 DADE BOULEVARD<br/>MIAMI BEACH FL 33139-1420</b> |                         |
| 2. Principal Place of Business   |         | 3. Mailing Address<br><b>1916 Bay Road</b>                                  |                         |
| Suite, Apt. #, etc.  |         | Suite, Apt. #, etc.   |                         |
| City & State   |         | City & State<br><b>Miami Beach, FL</b>                                      |                         |
| Zip  | Country | Zip<br><b>33139</b>   | Country<br><b>U.S.A</b> |
| 6. Name and Address of Current Registered Agent<br><b>LEVINSON, EDWARD E<br/>407 LINCOLN ROAD<br/>PH-SE<br/>MIAMI BEACH FL 33139</b> |         | 7. Name and Address of New Registered Agent                                 |                         |
| Name   |         | Name  |                         |
| Street Address (P.O. Box Number is Not Acceptable)   |         | Street Address (P.O. Box Number is Not Acceptable)                          |                         |
| City   |         | City<br><b>FL</b>   |                         |
| Zip Code   |         | Zip Code  |                         |



DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 4. FEI Number<br><b>65-0822282</b>                           | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

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 \_\_\_\_\_  
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, 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 |                             | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|----------------------------|-----------------------------|---|---|
| TITLE                      | <b>PD</b>                   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>FESTA, MARK</b>          | NAME  |   |
| STREET ADDRESS             | <b>1349 DADE BOULEVARD</b>  | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>MIAMI BEACH FL 33139</b> | CITY-ST-ZIP   |   |
| TITLE                      | <b>STD</b>                  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>GONZALEZ, EDWIN F</b>    | NAME  |   |
| STREET ADDRESS             | <b>1349 DADE BOULEVARD</b>  | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>MIAMI BEACH FL 33139</b> | CITY-ST-ZIP   |   |
| TITLE                      | <b>VD</b>                   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>GARCIA, RAUL</b>         | NAME  |   |
| STREET ADDRESS             | <b>1349 DADE BOULEVARD</b>  | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>MIAMI BEACH FL 33139</b> | CITY-ST-ZIP   |   |
| TITLE                      |                             | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                             | NAME  |   |
| STREET ADDRESS             |                             | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                             | CITY-ST-ZIP   |   |
| TITLE                      |                             | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                             | NAME  |   |
| STREET ADDRESS             |                             | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                             | 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Edwin F Gonzalez** Secretary Edwin F Gonzalez 4/30/00 (305) 6722395  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)