

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000074113

1. Entity Name
MIAMIAMIA, INC.

Principal Place of Business
**3135 COMMODORE PLAZA
MIAMI FL 33173**

Mailing Address
**3135 COMMODORE PLAZA
MIAMI FL 33133**

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 **65-0858506**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SANCHEZ, DANIEL
3135 COMMODORE PLZ
MIAMI FL 33133**

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.

SIGNATURE

D. Sanchez

9/18/01

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, 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	PVD	<input checked="" type="checkbox"/> Delete
NAME	SANCHEZ, DANIEL	
STREET ADDRESS	8435 SW 100TH ST.	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Sanchez, Daniel</i>	
STREET ADDRESS	<i>9001 SW 94 St. # 204</i>	
CITY-ST-ZIP	<i>Miami, FL 33176</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

D. Sanchez / Daniel Sanchez

Date

Daytime Phone #

FILED

Sep 21, 2001 8:00 am
Secretary of State

09-21-2001 90005 015 ***150.00



DO NOT WRITE IN THIS SPACE

0158864

CR2E034 (10/00)

Attachment

~~Doc~~

098000074113

0007236

September 4, 2001

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sir/Madam;

Enclosed please find a check for \$150.00 to cover annual report fee for CY 2001 and a completed 2001 UBR form. I just received the 2nd notification and I don't have an explanation why we did not received the first report.

I am writing your Office to ask if you could wave the reinstatement fee of \$550.00 I sincerely hope that you would take this into consideration.

Thank you.

Very truly yours,