

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000077311

1. Entity Name

MIAMI DEVELOPMENT AUTHORITY, INC.

Principal Place of Business

3475 WEST FLAGLER ST.
MIAMI FL 33135

Mailing Address

3475 WEST FLAGLER ST.
MIAMI FL 33135

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

65-0891309

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

VINAS, HECTOR R
3475 WEST FLAGLER ST.
MIAMI FL 33135

Name

MARIA

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

3475 W. Flagler St

City

Miami

FL

Zip Code

33135

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)

DATE

Maria D. Schuf

4/30/2001

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
DP	VINAS, HECTOR		
3475 WEST FLAGLER ST.			
MIAMI FL 33135			
DV	SCHLAFKE, MARIA D		
3475 WEST FLAGLER ST.			
MIAMI FL 33135			
DS	PINA, ALICIO A		
3475 WEST FLAGLER ST.			
MIAMI FL 33135			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Maria D. Schuf

4/30/2001 7247740

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90723 001 ***450.00

4566



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)