2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000090415

1. Entity Name

MIAMI VENTURE CAPITAL, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90140 043 ***150.00

Principal Place of Business	Mailing Address
4151 NW 132RD ST. MIAMI FL 33054	PO BOX 800303 AVENTURA FL 33280

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc. 690 Massini Ave		Suite, Apt. #, etc.	
City & State Golden Bch Fl		City & State	
Zip 33160	Country USA	Zip	Country

4. FEI Number 65-0871551 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WEINTRAUB, A
4151 NW 132ND STREET
MAIMI FL 33054

7. Name and Address of New Registered Agent

Name Karl Schwarz
Street Address (P.O. Box Number is Not Acceptable)
120 NE 179th St
City Miami FL Zip Code 33162

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 Karl Schwarz 4-19-01
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WENTRAB, A. 4151 NW 132RD ST. MIAMI FL 33054	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	690 Massini Ave. Golden Bch Fl 33160	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WEINTRAB, M 4151 MW 130RD ST. MIAMI FL 33054	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4-19-01 Date 305-249-0687 Daytime Phone #

CR2E034 (10/00)