

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90483 047 ***158.75

DOCUMENT # P98000091550

1. Entity Name

MIAMI DESIGN BUILDERS, INC.



Principal Place of Business

**150 SOUTHEAST 25 ROAD
SUITE 61
MIAMI FL 33129**

Mailing Address

**PO BOX 652038
MIAMI FL 33265**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0871271

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOTO, ROCIO

150 SE 25 RD #61

MIAMI FL 33129

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-11-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☐ Delete
NAME **SOTO, ROCIO**
STREET ADDRESS **150 SW 25 RD STE 61**
CITY-ST-ZIP **MIAMI FL 33129**

TITLE **S** ☐ Change ☒ Addition
NAME **NANCY SOTO**
STREET ADDRESS **150 SE 25 Rd #65**
CITY-ST-ZIP **Miami, FL 33129**

TITLE **VP** ☐ Delete
NAME **TAMAYO, ENRIQUE J**
STREET ADDRESS **395 NW 86 PLACE #1**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE **P** ☒ Change ☐ Addition
NAME **ROCIO SOTO**
STREET ADDRESS **150 SE 25 Rd #61**
CITY-ST-ZIP **Miami, FL 33129**

TITLE **T** ☐ Delete
NAME **TANAYO, MAGGIE**
STREET ADDRESS **395 NW 86 PLACE #1**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED: ROCIO SOTO

Date

Daytime Phone #

3-11-03 305-859-2828

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)