

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000099780

1. Entity Name

MIAMI SHORES RESIDENTIAL SERVICES INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90131 030 ***150.00

Principal Place of Business

9200 NW 3RD AVE
 MIAMI FL 33150
 US

Mailing Address

9200 NW 3RD AVE
 MIAMI FL 33150-2221
 US

2. Principal Place of Business

3. Mailing Address

P.O. Box 531277

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Miami Shores, FL

4. FEI Number

59-2152692

Applied For

Not Applicable

Zip

Country

Zip
33153-1277 Country
USA

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

TROP, MARK A ESQ.
9999 NE 2ND AVE., SUITE 201
MIAMI FL 33138

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

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, 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	P	<input type="checkbox"/> Delete
NAME	HAMILTON, TIMOTHY A	
STREET ADDRESS	9200 NW 3RD AVE	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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: *Timothy A Hamilton* **TIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00 **305-898-4805**
 Date Daytime Phone #

CR2E034 (9/99)