

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90085 036 ***150.00

DOCUMENT # P98000099920

1. Entity Name

MIS COMMUNICATIONS CORP.

Principal Place of Business

**3412 N.W. 182 STREET
 CAROL CITY FL 33055**

Mailing Address

**3412 N.W. 182 STREET
 CAROL CITY FL 33056-3444**

2. Principal Place of Business

18871 NW 84 COURT

3. Mailing Address

18871 NW 84 COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT 1006

UNIT 1006

City & State

MIAMI UNINCORP, FL

City & State

MIAMI UNINCORP, FL

Zip

33015

Country

USA

Zip

33015

Country

USA

4. FEI Number

65-0879689

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

VARGAS, JOSE

**3412 N.W. 182 STREET
 CAROL CITY FL 33055**

Name

VARGAS, JOSE

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

18871 NW 84 COURT UNIT 1006

City

MIAMI, FL

FL

Zip Code

33015

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

Jose Vargas **JOSE VARGAS**

MAY 01, 2000

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 **PD** ☐ Delete
 NAME **VARGAS, JOSE**
 STREET ADDRESS **3412 N.W. 182 STREET**
 CITY-ST-ZIP **CAROL CITY FL 33055**

TITLE **PD** ☒ Change ☐ Addition
 NAME **VARGAS, JOSE**
 STREET ADDRESS **18871 NW 84 COURT**
 CITY-ST-ZIP **MIAMI, FL 33015**

TITLE **VSD** ☐ Delete
 NAME **GRACIELA SORIA, PATRICIA**
 STREET ADDRESS **3412 N.W. 182 STREET**
 CITY-ST-ZIP **CAROL CITY FL 33055**

TITLE **VSD** ☒ Change ☐ Addition
 NAME **SORIA, PATRICIA**
 STREET ADDRESS **18871 NW 84 COURT**
 CITY-ST-ZIP **MIAMI, FL 33015**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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 or without other like empowered.

SIGNATURE:

Jose Vargas **JOSE VARGAS**

MAY 01, 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #