

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90875 017 \*\*\*158.75

**DOCUMENT #** P99000006112  
**1. Entity Name**  
 CONSOLIDATED INVESTMENTS OF MIAMI, INC.

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 13800 SW 8TH ST.		<b>3. Mailing Address</b> 13800 SW 8 ST.	
Suite, Apt. #, etc. #188		Suite, Apt. #, etc. #188	
City & State MIAMI, FL. 33184		City & State MIAMI, FL. 33184	
Zip 33184	Country	Zip 33184	Country

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 65-0895062	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE  
IN THIS SPACE**

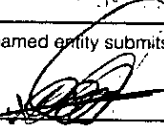
**7. Name and Address of Current Registered Agent**

Name  
COLLADO, SILVIA

Street Address (P.O. Box Number is Not Acceptable)  
13800 SW 8 ST. #188

City MIAMI FL Zip Code 33184

**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.**

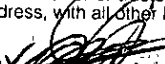
**SIGNATURE**  **4-22-02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> (See criteria on back) <input type="checkbox"/>	<b>January 1 - May 1. Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLADO, SILVIA 13800 SW 8 ST. #188 MIAMI, FL. 33184	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**  **4-22-02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034R (12/01)