

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90164 003 ***150.00

DOCUMENT # P99000050131

1. Entity Name
LIBRA MIAMI CORP.



Principal Place of Business
**8518 NW 70TH ST.
MIAMI FL 33166**

Mailing Address
**8518 NW 70TH ST.
MIAMI FL 33166**

2. Principal Place of Business

6993 NW 82 Ave.

3. Mailing Address

6993 NW 82 Ave.

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

22

City & State
Miami, FL

City & State
Miami, FL

Zip
33166

Country
USA

Zip
33166

Country
USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-0924751

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MORANO, O J
8518 NW 70TH ST.
MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name
Moreno O J.
Street Address (P.O. Box Number is Not Acceptable)
7791 SW 103 Pl.
City
Miami **FL** Zip Code
33166

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

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

TITLE
PSD ☐ Delete
NAME
HERRERA, ADRIANA E
STREET ADDRESS
8518 NW 70TH ST.
CITY-ST-ZIP
MIAMI FL 33166

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PSD ☒ Change ☐ Addition
NAME
Herrera, Adriana E
STREET ADDRESS
6993 NW 82 Ave. Bay 22.
CITY-ST-ZIP
Miami, FL 33166

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

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

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

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

TITLE
NAME ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-03 305-591-4001

CR2E034 (10/02)