

2000 UNIFORM BUSINESS REPORT (UBR)

5.

DOCUMENT # P99000069184

1. Entity Name

MIAMI PROPERTIES NETWORK CORPORATION

FILED
Jun 27, 2000 8:00 am
Secretary of State

05-19-2000 90066 012 ***150.00

Principal Place of Business

Mailing Address

1865 79TH STREET
APT 8-0
N BAY VILLAGE FL 33141

1865 79TH STREET
APT 8-0
N BAY VILLAGE FL 33141-4238

2. Principal Place of Business

151 MAJORCA AVENUE

3. Mailing Address

151 MAJORCA AVENUE

Suite, Apt. #, etc.

Suite D

Suite, Apt. #, etc.

Suite D

City & State

Coral Gables, Florida

City & State

Coral Gables, Florida

Zip

33134

Country

DADE

Zip

33134

Country

DADE

4. FEI Number

65-0938571

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ECHEVERRY, LINA M
1865 79TH STREET
APT 8-0
N BAY VILLAGE FL 33141

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
ECHEVERRY, LINA M
1865 79TH STREET APT 8-0
N BAY VILLAGE FL 33141 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVD
LA FONTANT, CLAUDE
38 FAIRWAY TERRACE
NORWOOD NJ 07648 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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CITY-ST-ZIP
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LINA M. ECHEVERRY, PRES.

4/26/00

305-476-3900

CR2E034 (9/99)