

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 90382 050 \*\*\*150.00

**DOCUMENT # P99000069184**

**1. Entity Name**  
**MIAMI PROPERTIES NETWORK CORPORATION**



**Principal Place of Business**  
151 MARJORCA AVENUE  
SUITE D  
CORAL GABLES FL 33134

**Mailing Address**  
151 MARJORCA AVENUE  
SUITE D  
CORAL GABLES FL 33134

**11038801**



**2. Principal Place of Business**

**3. Mailing Address**

11402 NW 41 ST.

11402 NW 41 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#221

#221

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip

Country

Zip

Country

33178 USA

33178 USA

☒ CHECK HERE IF MAKING CHANGES

**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**

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

LAFONTANT, JEAN P  
151 MARJORCA AVENUE  
SUITE D  
CORAL GABLES FL 33134

Name

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

11402 NW 41 ST. #221

City

MIAMI

FL

Zip

33178

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** PSD ☐ Delete  
**NAME** LAFONTANT, JEAN  
**STREET ADDRESS** 10036 WINDING LAKE ROAD, APT. 102  
**CITY-ST-ZIP** SUNRISE FL 33351

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

**TITLE** VTD ☐ Delete  
**NAME** LAFONTANT, CLAUDE  
**STREET ADDRESS** 38 FAIRWAY TERRACE  
**CITY-ST-ZIP** NORWOOD NJ 07648

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

**TITLE** SD ☐ Delete  
**NAME** BARRERA, JUAN CAREOS  
**STREET ADDRESS** 10440 SW 153 CT  
**CITY-ST-ZIP** MIAMI FL 33196

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

**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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**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEAN P. LAFONTANT

4/23/03 (205) 476-3900

Date

Daytime Phone #

CR2E034 (10/02)