

FILED  
Apr 17, 2003 8:00 am  
Secretary of State

04-17-2003 90651 025 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000078060

1. Entity Name  
**MIAMI IMPROVE, INC.**



Principal Place of Business  
16801 NE 14TH AVENUE #204  
NORTH MIAMI, FL 33162

Mailing Address  
16801 NE 14TH AVENUE #204  
NORTH MIAMI, FL 33162

2. Principal Place of Business  
**430 NE 145 ST**

3. Mailing Address  
**430 NE 145 ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**NORTH MIAMI BEACH, FL**

City & State  
**NORTH MIAMI BEACH, FL**

Zip  
**33161**

Country  
**USA**

Zip  
**33161**

Country  
**USA**

4. FEI Number  
**65-0945611**

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**

**GUEVARA, JOSE**  
**430 NE 145 ST**  
**NORTH MIAMI BEACH, FL 33161, USA**

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. 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's 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>PSTD</b>			
	<b>GUEVARA, JOSE</b>	<b>430 NE 145 ST</b>	<b>NORTH MIAMI, FL 33161</b>	

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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

04/07/03

Date

Daytime Phone #

CR2E034 (10/02)