

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Aug 15, 2000 8:00 am**  
**Secretary of State**

08-15-2000 90006 048 \*\*\*550.00

**DOCUMENT # P99000078236**

1. Entity Name

**MIAMI INVESTMENT GROUP, INC.**

Principal Place of Business

~~15043 S.W. 147TH STREET~~  
~~MIAMI FL 33196~~

**18377 SW 154 ST**  
**MIAMI FL 33187**

Mailing Address

~~15043 S.W. 147TH STREET~~  
~~MIAMI FL 33196~~

**18377 SW 154 ST**  
**MIAMI FL 33187**

2. Principal Place of Business

**18377 SW 154 ST**

3. Mailing Address

**18377 SW 154 ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI FL**

City & State

**MIAMI FL**

Zip

**33187**

Country

Zip

**33187**

Country

4. FEI Number

**65-1002349**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FILINGS, INC.**  
**3732 N.W. 16TH STREET**  
**FT. LAUDERDALE FL 33311-4132**

7. Name and Address of New Registered Agent

Name

**TONY FORTE**

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

~~18377 SW 154 ST~~ **18377 SW 154 ST**

City

**MIAMI**

FL

Zip Code

**33187**

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 **D** ☐ Delete  
NAME **FORTE, TONY**  
STREET ADDRESS ~~15043 S.W. 147TH STREET~~ **18377 SW 154 ST**  
CITY-ST-ZIP ~~MIAMI FL 33196~~ **MIAMI, FL 33187**

TITLE **DIRECTOR** ☐ Delete  
NAME **EVETTE FORTE**  
STREET ADDRESS **18377 SW 154 ST**  
CITY-ST-ZIP **MIAMI FL 33187**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/11/00**

Date

**305-252-0304**

Daytime Phone #

CR2E034 (5/00)