

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000085106

1. Entity Name

MIAOH & GB CORPORATION

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90089 048 ***150.00

Principal Place of Business Mailing Address
555 S LUNA COURT SUITE 303 555 S LUNA COURT SUITE 303
HOLLYWOOD FL 33021 HOLLYWOOD FL 33021-7565

2. Principal Place of Business 3. Mailing Address
555 S. Luna Court 5741 Oakmont Ave.

Suite, Apt. #, etc. Suite, Apt. #, etc.
303

City & State City & State
Hollywood, FL. Ft. Lauderdale, FL.

Zip Country Zip Country
33021 U.S.A. 33312 U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-0950361 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
SILVA, FERNANDO
16300 NE 19TH AVENUE SUITE 100
NORTH MIAMI BEACH FL 33162
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOMEZ, MAURICIO 555 S LUNA COURT SUITE 303 HOLLYWOOD FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOMEZ, ARMANDO 555 S LUNA COURT SUITE 303 HOLLYWOOD FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ 4/20/00 (954) 987-3535.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)