

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000085106**1. Entity Name
MIAOH & GB CORPORATION**Principal Place of Business**

555 S LUNA COURT SUITE 303

HOLLYWOOD

33021

FL

Mailing Address

5741 OAKMONT AVENUE

FORT LAUDERDALE

33312

FL

2. Principal Place of Business**3. Mailing Address**

P.O. BOX 451501

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SUNRISE

FL

Zip

Country

Zip

Country

33345

4. FEI Number**65-0950361**

Applied For

Not Applicable

5. Certificate of Status Desired**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**SILVA FERNANDO****16300 NE 19TH AVENUE SUITE 100****NORTH MIAMI BEACH****33162**

FL

US

7. Name and Address of New Registered Agent

Name

GOMEZ MAURICIO

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

555 S LUNA COURT SUITE 303

City

HOLLYWOOD**FL**

Zip Code

33021

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 **GOMEZ, MAURICIO****04/27/2001**

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	GOMEZ OLGA	
STREET ADDRESS	555 S LUNA COURT SUITE 303	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOMEZ ISABEL	
STREET ADDRESS	555 S LUNA COURT SUITE 303	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DE GOMEZ HILDA B	
STREET ADDRESS	555 S LUNA COURT SUITE 303	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GOMEZ HUGO	
STREET ADDRESS	555 S LUNA COURT SUITE 303	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GOMEZ ARMANDO	
STREET ADDRESS	555 S LUNA COURT SUITE 303	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GOMEZ MAURICIO	
STREET ADDRESS	555 S LUNA COURT SUITE 303	
CITY-ST-ZIP	HOLLYWOOD FL 33021	

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

MG

04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)