

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90118 023 ***150.00

DOCUMENT # S11032

1. Entity Name
MIAMI REFERRAL SERVICES, INC.

Principal Place of Business

~~SUITE 101
 7875 S.W. 104TH ST.
 MIAMI FL 33156-2697
 US~~

Mailing Address

~~SUITE 101
 7875 S.W. 104TH ST.
 MIAMI FL 33156-2697
 US~~

2. Principal Place of Business

13611 S. Dixie Hwy
 Suite, Apt. #, etc:
Miami, FL.
 City & State

3. Mailing Address

13611 S. Dixie Hwy
 Suite, Apt. #, etc.
Miami, FL.
 City & State

Zip
33176

Country
US

Zip
33176

Country
US

4. FEI Number ~~05-1015368~~
05-0231920

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POOLE, JEANNETTE I
13611 S. DIXIE HWY
MIAMI FL 33176

Name
 Street Address (P.O. Box)
 City

Zip Code

*Please note
 FEI # was wrong*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	P POOLE, JEANNETTE I 6480 SW 133 DR. MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST POOLE, DONALD K 6480 SW 133 DR. MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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: **Donald K. Poole** *Donald K. Poole* (305) 253-2940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)