

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S26332

1. Entity Name

MIAMI CUSTOMS SERVICES INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90224 024 ***150.00

Principal Place of Business

Mailing Address

~~19610 N.W. 88TH COURT~~
~~MIAMI FL 33015-6222~~

~~19610 N.W. 88TH COURT~~
~~MIAMI FL 33015-6222~~

8105 NW 74 ST
MIAMI, FL 33166

8105 NW 74 ST
MIAMI, FL 33166

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI, FL

4. FEI Number

65-0247626

Applied For

Not Applicable

Zip

Country

Zip

Country

33166

U.S.A.

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

GONZALEZ, SAMUEL S

~~19610 N.W. 88TH COURT~~
~~MIAMI FL 33015~~

8105 NW 74 ST
MIAMI, FL 33166

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

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, 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

TITLE VP ☐ Delete
NAME GONZALEZ, JOSEFA Y
STREET ADDRESS 19610 NW 88TH CT
CITY-ST-ZIP MIAMI FL

TITLE VST ☐ Delete
NAME GONZALEZ, MARGARITA
STREET ADDRESS 860 E 22ND STREET
CITY-ST-ZIP HIALEAH FL

TITLE ST ☐ Delete
NAME SOA, MARIA M
STREET ADDRESS 5369 W 23RD CT
CITY-ST-ZIP HIALEAH FL

TITLE DP ☐ Delete
NAME SAMUEL S. GONZALEZ
STREET ADDRESS 19610 NW 88TH COURT
CITY-ST-ZIP MIAMI FL

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
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-09-00 305-599-2151

CP2E034 (9/99)