

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90028 046 ***150.00

00002105



DO NOT WRITE IN THIS SPACE

DOCUMENT # S26332			
1. Entity Name MIAMI CUSTOMS SERVICES INC.			
Principal Place of Business 8105 NW 74TH ST MIAMI FL 33166		Mailing Address 8105 NW 74TH ST MIAMI FL 33166	
2. Principal Place of Business Miami FL		3. Mailing Address 8105 NW 74 ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami FL		City & State Miami FL	
Zip 33166		Zip 33166	
Country U.S.A		Country U.S.A	
4. FEI Number 65-0247626		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GONZALEZ, SAMUEL S 8105 NW 74TH ST MIAMI FL 33166			
7. Name and Address of New Registered Agent Name N/A 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 _____			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐		10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GONZALEZ, JOSEFA Y 19610 NW 88TH CT MIAMI FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST GONZALEZ, MARGARITA 860 E 22ND STREET HIALEAH FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SOA, MARIA M 5369 W 23RD CT HIALEAH FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SAMUEL S. GONZALEZ 19610 NW 88TH COURT MIAMI FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: <i>[Signature]</i>		Date 01/03/01 Daytime Phone # 305-599-2151	