

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S63325 **AMENDED**

1. Entity Name
MIAMI GENERAL EMPLOYEE ASSOCIATION HOLDING CORP.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 10 AM 9:09

Principal Place of Business Mailing Address
4011 WEST FLAGLER ST. 4011 WEST FLAGLER ST.
SUITE 405 SUITE 405
MIAMI, FLORIDA 33134 MIAMI, FLORIDA 33134

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
CHARLES P. COX, IV
4011 WEST FLAGLER STREET
SUITE #405
MIAMI, FLORIDA 33134

7. Name and Address of New Registered Agent
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 _____ 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, 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 P NAME STREET ADDRESS CITY-ST-ZIP	CHARLES P. COX, IV <input type="checkbox"/> Delete 4011 WEST FLAGLER STREET, #405 MIAMI, FLORIDA 33134
TITLE ST NAME STREET ADDRESS CITY-ST-ZIP	MIRIAM RIOS <input checked="" type="checkbox"/> Delete 4011 WEST FLAGLER STREET, #405 MIAMI, FLORIDA 33134
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE ST NAME STREET ADDRESS CITY-ST-ZIP	JESSICA ANGEL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4011 WEST FLAGLER STREET, #405 MIAMI, FLORIDA 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200003328712--7 -07/19/00--01119--005 *****61.25 *****61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition AD

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: *Chak P Cox President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/00 305-643-2254
Date Daytime Phone #

CR2E034 (9/99)