

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S96882

1. Entity Name

THE NEW MIAMI WHOLESALE CORP.

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90038 046 ***150.00

Principal Place of Business

Mailing Address

~~3399 N.W. 72ND AVE.~~
~~SUITE 107~~
~~MIAMI FL 33122~~

~~3399 N.W. 72ND AVE.~~
~~SUITE 107~~
~~MIAMI FL 33152-2755~~

2. Principal Place of Business

3. Mailing Address

8080 NW 29 ST

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33122

Country

USA

Country

4. FEI Number

65-0192355

Applied For

Not Applicable

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

VIMO, NORMAN

3399 N.W. 72ND AVE.

SUITE 107

MIAMI FL 33122

Name

NORMAN JIM

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

8080 NW 29 Street

City

MIAMI

FL

Zip Code

33122

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
VIMO, NORMAN
3399 NW 72ND AVE, # 107
MIAMI FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)