

2000 UNIFORM BUSINESS REPORT (UBR)

3/25

FILED
May 02, 2000 8:00 am
Secretary of State

03-25-2000 90007 049 ***150.00

DOCUMENT # V07230

1. Entity Name

MIAMI BEACH INVESTORS GROUP, INC.

Principal Place of Business

Mailing Address

2353 S.W. 11 TERRACE
 MIAMI FL 33135

2353 S.W. 11 TERRACE
 MIAMI FL 33135-5008

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0313705

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

TACORONTE, CARMEN
 2353 S.W. 11 TERR.
 MIAMI FL 33135

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **P**
 STREET ADDRESS **LEBLANC, ALICIA**
 CITY-ST-ZIP **17141 COLLINS AV APT B**
MIAMI BCH FL

TITLE Delete
 NAME **VP**
 STREET ADDRESS **FANDINO MARIE E**
 CITY-ST-ZIP **12613 SW 9 TER**
MIAMI FL

TITLE Delete
 NAME **S**
 STREET ADDRESS **TACORONTE, CARMEN**
 CITY-ST-ZIP **2353 S. W. 11TH TERRACE**
MIAMI FL

TITLE Delete
 NAME **T**
 STREET ADDRESS **DURHAM, JOHN**
 CITY-ST-ZIP **17141 COLLINS AVENUE, APT. #G**
MIAMI BEACH FL

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **ISABEL GONZALEZ VP**
 STREET ADDRESS **Jentinhall**
 CITY-ST-ZIP **2323 SW 11TH TER**
MIAMI FL 33135

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
 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: *Carmen Tacoronte*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-00 305-541-2187
 Date Daytime Phone #

CR2E034 (9/99)