

2000 UNIFORM BUSINESS REPORT (UBR)

5/17/00-90943-025-\$150.00-\$150.00

DOCUMENT # V44621

1. Entity Name

1944 MICHIGAN AVENUE INVESTMENT CORP.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 15 PM 4:35

011000



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2307 SW DOUGLAS RD
SUITE 401
MIAMI FL 33145

2307 SW DOUGLAS RD
SUITE 401
MIAMI FL 33145-3057

2. Principal Place of Business

3. Mailing Address

2103 CORAL WAY

2103 CORAL WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 202

SUITE 202

City & State

City & State

MIAMI, FLA.

MIAMI, FLA.

4. FEI Number

65-0359059

Applied For

Not Applicable

Zip

Country

33145

DALE

Zip

Country

33145

DALE

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

JIMENEZ, MARIO R
910 COUNTRY CLUB PRADO
SUITE 1040
CORAL GABLES FL 33134

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

APR 27 2000

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	D	<input type="checkbox"/> Delete
NAME	JIMENEZ, MARIO R	
STREET ADDRESS	910 COUNTRY CLUB PRADO	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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)(f), 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 #

5/13/00 305-858-5796

AD