

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V57210

1. Entity Name

MIAMI RICHARD GRADING INC.

**FILED**  
**Mar 24, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90023 011 \*\*\*150.00

Principal Place of Business 9104 N.W. 105 WAY MEDLEY FL 33178 US	Mailing Address 9108 N.W. 106 ST MEDLEY FL 33178-1204 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address 9104 N.W. 105 WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc. MEDLEY FL 33178
City & State	City & State
Zip	Country
33178	U.S.A

4. FEI Number 65-0347960	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

PERDOMO, RICARDO  
 7221 S.W. 6TH ST.  
 MIAMI FL 33144

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: *Ricardo Perdomo* (NOTE: Registered Agent signature required when reinstating.) DATE: 3-20-00

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 #1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS PERDOMO, RICARDO 7221 S.W. 6TH ST. MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT PERDOMO, NAIDA 7221 S.W. 6TH ST. MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Ricardo Perdomo* Date: 3-20-00 Daytime Phone #

CR2E034 (9/99)