

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000085762

1. Entity Name  
MIAWUA, INC.

FILED  
02 SEP-8 95 PM 4:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
3801 N MIAMI AVE  
MIAMI FL 33127 ✓

Mailing Address  
~~P.O. BOX 370215~~  
~~66 NE 30TH STREET~~  
~~MIAMI FL 33137~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
P.O. BOX 370215  
Suite, Apt. #, etc.  
City & State  
MIAMI FLORIDA  
Zip  
33137  
Country  
U.S.A.

4. FEI Number  
65-0867224

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent  
HOLT, SUSANNA  
~~1000 VENETIAN WAY, #504~~  
~~MIAMI FL 33130~~

7. Name and Address of New Registered Agent  
Name  
SUSANNA HOLT ARTS - MAWUA  
Street Address (P.O. Box Number is Not Acceptable)  
3801 NORTH MIAMI AVENUE  
City  
MIAMI FLORIDA 33127

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 (SUSANNA HOLT) 05/24/02

Signature typed by name of registered agent and date 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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	DPST HOLT, SUSANNA <del>1000 VENETIAN WAY, SUITE 504</del> <del>MIAMI FL 33130</del> AS ABOVE <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
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SO2102906716-5 <input type="checkbox"/> Change <input type="checkbox"/> Addition -04/02/02--90881--001 ****150.00 ****150.00
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
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 provided on this report or supplemental reports 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; and that my name appears in Block 11 or Block 12 if changed or on an attachment with an address, with all other filers employed.

SIGNATURE: 05/24/02

SIGNATURE AND TYPED OR PRINTED NAME ARE REQUIRED