


11682  
**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90118 016 \*\*\*150.00

**DOCUMENT # P94000022876**

1. Entity Name  
**FC-MIRAMAR, INC.**



Principal Place of Business  
**730 TERMINAL TOWER, 50 PUBLIC SQ  
 CLEVELAND OH 44113  
 US**

Mailing Address  
**730 TERMINAL TOWER, 50 PUBLIC SQ  
 CLEVELAND OH 44113  
 US**

2. Principal Place of Business  
**1160 Terminal Tower**  
 Suite, Apt. #, etc.  
**50 Public Square**  
 City & State  
**Cleveland, Ohio**  
 Zip Country  
**44113 US**

3. Mailing Address  
**1160 Terminal Tower**  
 Suite, Apt. #, etc.  
**50 Public Square**  
 City & State  
**Cleveland, Ohio**  
 Zip Country  
**44113 US**

CHECK HERE IF MAKING CHANGES

4. FEI Number **34-1770934** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional  
 Fee Required



6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
 C/O CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
 Trust Fund Contribution.  **\$5.00** May Be  
 Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MONCHEIN, ROBERT F</b> <b>1100 TERMINAL TOWER, 50 PUBLIC SQ</b> <b>CLEVELAND OH 44113</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MILLER, SAMUEL H</b> <b>1100 TERMINAL TOWER, 50 PUBLIC SQ</b> <b>CLEVELAND OH 44113</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SMITH, THOMAS G</b> <b>1100 TERMINAL TOWER, 50 PUBLIC SQ</b> <b>CLEVELAND OH 44113</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RATNER, ALBERT B</b> <b>1100 TERMINAL TOWER, 50 PUBLIC SQ</b> <b>CLEVELAND OH 44113</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RATNER, CHARLES A</b> <b>1100 TERMINAL TOWER, 50 PUBLIC SQ</b> <b>CLEVELAND OH 44113</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MILLER, SAMUEL H</b> <b>1100 TERMINAL TOWER 50 PUBLIC S</b> <b>CLEVELAND OH 44113</b>	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>Robert F. Monchein</b> <b>1160 Terminal Tower</b> <b>50 Public Square</b> <b>Cleveland, Ohio 44113</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT</b> <b>Samuel H. Miller</b> <b>1160 Terminal Tower</b> <b>50 Public Square</b> <b>Cleveland, Ohio 44113</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Thomas G. Smith</b> <b>1160 Terminal Tower</b> <b>50 Public Square</b> <b>Cleveland, Ohio 44113</b>	<input checked="" 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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Samuel H. Miller President, Treasurer 4/18/03  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)