

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

04 JAN -6 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400026187894
01/06/04--01082--005 **306.25

DOCUMENT # 207465
1. Entity Name
40 Salamanca Corp - Coop.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
402 Minorca
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 440915
Suite, Apt. #, etc.

REINSTATEMENT 03-04

City & State
Coral Gables FL, Miami FL

Zip
33134 Country
Dade

Zip
33144 Country
Dade

4. FEI Number
59-1636337 Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Luz Mary Nuñez

Street Address (P.O. Box Number is Not Acceptable)
402 Minorca

City
Coral Gables FL Zip Code
33134

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] Luz Mary Nuñez 12/26/03
Signature, type and printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS \$61.25
Initial or Amended UBR

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

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PD Jessell, Patricia 40 Salamanca Ave #11 Coral Gables FL 33134</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>VPT Richard Owen 40 Salamanca Ave #9 Coral Gables FL 33134</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>SD Jorge Ortiz 40 Salamanca Ave #7 Coral Gables FL 33134</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with another officer or trustee like empowered.

SIGNATURE [Signature] 12/26/03 305.446-8634
AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Patricia Jesselli

CR2E037B (12/01)