FILED

2002 UNIFORM BUSINESS REPORT (UBR)				~)	Esh 20, 2002 9.00 are	
DOCUI 1. Entity Nam ARCHITIL)4			Feb 20, 2002 8:00 am Secretary of State 02-20-2002 90096 034 ***150.00	
Principal Place 2917 NW 79T MIAMI FL 331	h avenue	Mailing Address 2917 NW 79TH AVENUE MIAMI FL 33122			(1881) (1881 - 1811 - 1881) (1881 - 1881 - 1881 - 1881 - 1881 - 1881 - 1881 - 1881 - 1881 - 1881 - 1881 - 1	
		A				
2. Principal Place of Business 7760 N.W. 32 STREET 7760 N.W. 32 STREET Suite, Apt. #, etc. 3. Mailing Address 3. Mailing Address 3. Wailing Address 4760 N.W. 32 STREET F160 N.W. 32				ET	DO NOT WRITE IN THIS SPACE	
City & State MAMI, FORIDA City & State MAMI, FORIDA			DA.	,	4. FEI Number 59-2368645 Applied For Not Applicable	
Zip 3312	Country	Zip 33122	Country U.S.A	<u>.</u>	5. Certificate of Status Desired See Required Fee Required	
	6. Name and Address of Current F	legistered Agent			7. Name and Address of New Registered Agent	
Name A				ALE	X-12095	
ROSS, JULIO A.			Street A	Street Address (P.O. Box Number is Not Acceptable)		
931 NW 106TH AVE., CIRCLE				007	C C WI C UD TERRACE	
MIAMI FL 33172			0	9975 S.W. 2ND TERPACE		
			City	MA	れ FL Zip Cost オイ	
8. The above	named entity submits this statement for	the purpose of changing its re	gistered office or	registered	dagent, or both, in the State of Florida.	
SIGNATURE ALEX ROSS PRESIDENT 1/31/2002 Signature, type of profit name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
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 \$ After May 1, 2002 Fee will b Make Check Payable to Departs				50.00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. □ Added to Fees	
11.	OFFICERS AND D	- IND	12.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	STD Ross, Luz M	🗷 Delete	TITLE NAME		5, LUZ M. ☐ Change ☐ Addition	
STREET ADDRESS	931 NW 106 AVENUE CIRCLE		STREET ADDRESS	' '-	S.W. 2ND TERRACE	
CITY-ST-ZIP	MIAMI FL 33172		CITY-ST-ZIP	MLA	11, FWRIDA 33174	
TITLE	PD	🔀 Delete	TITLE	ROS	ら,AしEX ☆ Change ☆ Addition	
NAME STREET ADDRESS	ROSS, JULIO A 931 NW 106 AVENUE CIRCLE		NAME STREET ADDRESS	l	S S.W. ZNO TERRACE	
CITY-ST-ZIP	MIAMI FL 33172		CITY-ST-ZIP		11, FLORIDA 33174	
TITLE	VP	_ 🔀 Delete	TITLE	i –	S, LAVIER Change Addition	
NAME	ROSS, JAVIER	•	NAME CAREET ARRESTS	1060	08 NW. 54 STREET	
STREET ADDRESS CITY-ST-ZIP	701 NW 105 PLACE MIAMI FL 33172		STREET ADDRESS CITY-ST-ZIP		11. FLORIDA 3317B	
TITLE	Marita 1 E GOTTE	□ Delete	TITLE		☐ Change ☐ Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP			
CITY-ST-ZIP		П 0-1			☐ Change ☐ Addition	
TITLE NAME		☐ Delete	TITLE NAME		Change Addition	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP	······································	·	CITY-ST-ZIP			
TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS			STREET ADDRESS			

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

1/31/2002

305-591-23Z/ Daytime Phone #