

2003 Limited Liability Co  
FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

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May 01, 2003 8:00 am  
Secretary of State

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717 PONCE DE LEON

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CORAL GABLES

FLORIDA 33134

DO NOT WRITE IN THIS SPACE

01-0664671

☐ \$8.75 Additional  
Fee Required

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing  
Trust F

10. OFFICERS AND DIRECTORS

TITLE P/D  
NAME Guillermo J. FARIAS  
STREET ADDRESS 7550 S.W. 55th AVE  
CITY- ST- ZIP MIAMI FL 33143

TITLE D/  
NAME BRANZHA COARVED  
STREET ADDRESS 7550 S.W. 55th AVE  
CITY- ST- ZIP MIAMI-FL 33143

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/30/03 Daytime Phone #

CR2E034B (12/02)