2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

L69304 DOCUMENT#



FILED									
May 05, 2003 8:00 am									
Secretary of State									
05-05-2003 91164 037 ***150 00									

HECFER		. \								
Principal Place of Business 3136 NW 27 AVE MIAMI FL 33142 US		Mailing Address 147 SW 168 TERR PEMBROKE PINES FL 33027 US				1 (18 /18/18) (18 18/18 18/18) (18	I			
2. Principal P	lace of Business	3. Mailing Address 13147 SW 2021					ii aa iii a isi aisii aib ii i		6 4 1	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State	е	City & State Miramar, TI				65-0200768			plied For t Applicable	
Zip	Country	Zip -33627	Count	try	d.	5. Certificate of Status Desire		.75 Add Required		
	6. Name and Address of Current I					7. Name and Address of Ne	w Registered Age	ent		
RODRIGUEZ, CARMEN 147 SW 168 TERR PEMBROKE PINES FL 33027					Name Roomquez CARMEN Street Address (P.O. Box Number is Not Acceptable)					
				City Y	Nica	<i>man</i>	FL	Zip Code	127	
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										
FILE NOW!!! FEE IS \$150.00 After May 1,2003 Fee will be \$550.00 Make Check Payabte to Florida Department of State					·	9. Election Campaigr Trust Fund Contrib			May Be to Fees	
10.	OFFICERS AND I	DIRECTORS	11.			ADDITIONS/CHANGES TO	OFFICERS AND DI	RECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, DIGNA 147 SW 168 TERR PEMBROKE PINES FL 33027	Delete	TITLE NAME STREE		Podr 1314 Mina	iguez Digna TSW 26 ST MAR, El 33	Ţ.	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RODRIGUEZ, CARMEN 147 SW 168 TERR PEMBROKE PINES' FL 33027	☐ Délete			UP Loda 1314	uguer, CARMEN 175W 26St MAR, Fl	√ 33127	Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete] Change	Addition	

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:

STATUTE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR