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

## M52057 **DOCUMENT #**

1. Entity Name

CONTINUUM PRODUCTS, INC.



May 02, 2003 8:00 am Secretary of State
05-02-2003 90391 016 \*\*\*150.00 **FILED** 

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Principal Plac	ce of Business	Mailir	ng Address			7					
4795 WEST 1			WEST FLAGLER ST	•							
MIAMI FL 33			MIAMI FL 33134								
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						1					
2. Principal F	Place of Business	3. Ma	3. Mailing Address			1					
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Suite, Apt.	#, etc.	Suit	Suite, Apt. #, etc.			7	O CHECK HEDE IE MAKING CHANCES				
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City & Stat	te	City	City & State			4. FEI	4. FEI Number of 0070005 Applie			plied For	
		. ]				65-0076665				t Applicable	
Zip	Country	Zip		Country		5.0		\$8	.75 Add	itional	
	The second second					5. Ceri	tificate of Status Desired .		e Require		
	T 6. Name and Address of Cu	rrent Register	ed Agent			7. Nan	ne and Address of New Regi	stered Age	ent		
		Nan	Name								
LOPEZ, F	ELIX	•									
-	RANDA ST	€	Street Addre			s (P.O. Box Number is Not Acceptable)					
	ABLES FL 33156	•					·				
CORAL	MDLE2 FL 33130										
				City				FL	Zip Cod	e	
9 The above	named entity submits this statem	ont for the nurr	none of abanaina ita	registered offic	o or rogists	rod agent	or both in the State of Florids		ilior with	and accont	
	tions of registered agent.	lent for the bork	Jose of Charliging its	registered offic	e or registe	ява аден,	or both, in the state of Florida	ı. Taliliallı	mai witii,	and accept	
SIGNATURE											
	Signature, typed or printed name of registered	agent and title if app	plicable. (NOT	E: Registered Agent s	ignature require	ed when reinsta	uting)	DATE			
<sub>ان</sub> F	ILE NOW!!! FEE IS \$150.00	0							^		
After May 1, 2003 Fee will be \$550.00							<ol><li>Election Campaign Finance Trust Fund Contribution.</li></ol>	ing 🗆		O May Be	
Make Check	k Payable to Florida Departme	ent of State					rust ruita Contribution.		Audeu	INTEGS	
10.	OFFICERS	AND DIRECTO	DRS	11.		ADDIT	IONS/CHANGES TO OFFICE	RS AND DI	RECTORS	S IN 11	
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

CITY-ST-ZIP

(305)448-6666