## FILED Feb 26, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)					Secretary of State			
DOCL 1. Entity Na	JMENT # P000000185				02	2-26-2003 90	0161 002 **	*150.00
2600 DOUG PH-6 CORAL GABL	.ES, FL 33134	Mailing Address 2600 DOUGLAS ROAD PH-6 CORAL GABLES, FL 33134	, <u> </u>		1 1 <b>2 11 11 11 11 11 11 11 11 11 11 11 11 11</b>			
Suite, Api	Place of Business Ponce de Leon Blvd. L. J. etc.	3. Mailing Address 2/2/ Porce d Suite, Apt. #, etc.	e Leon B	lud.				1761 1861
Suite 330 Suite 330 City & State City & State						CK HERE IF MAI		
Coral	Gables FL Country	Coral Gabi		<u> </u>	4. FEI Number 65-0	984748		Applied For Not Applicable
<u> 331</u>	34 US	33/34	Country US		5. Certificate of Status	Desired	\$8.75 A	
	6. Name and Address of Current R	legistered Agent	Name		7. Name and Address	of New Registe		
I URITA LISSETTE D								
PH-6 CORAL GA	Street Address (P.O. Box Number is Not Acceptable) ZIZI PON (							
	S <sub>1</sub>	Suite 330						
8. The above	Partied entity submits this statement for	the purpose of changing its re-		ora 1	Gabler		FL Zpg	3/34
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 the if applicable. (NOTE: Registered Agent signature required when ministring)  DATE  FILE: NOW! 11: FEE IS: \$160:00								
Afte Make Check 10.	r May 1, 2003 Fee will be \$550.00 " r Payable to Florida Department of OFFICERS AND D	William Control		· · · · · · · · · · · · · · · · · · ·	Trust Fund C		Adde	DO May Be od to Fees
TITLE	D OFFICERS AND D	□ Delete	11. 1016		ADDITIONS/CHANGE	S TO OFFICERS	AND DIRECTOR Change	
NAME STREET ADDRESS CITY-ST-ZIP	ORTIZ, LISSETTE B 2600 DOUGLAS ROAD PH-6 CORAL GABLES, FL 33134		NAME STREET ADDRESS CITY+ST-ZIP	212			Bld SU	. – 15
TITLE	DVP	☐ Delete	TITLE	<u></u>	rail Gabi	es, pe :	33/34 Defange	☐ Addition CE
NAME STREET ADDRESS CITY-ST-2IP	ORTIZ, MICHAEL 2600 DOUGLAS ROAD PH-6 CORAL GABLES, FL 33134		NAME STREET ADDRESS City-St-Zip	212		leon B es, fl 3	led, Ste.	330
TITLE	PS	☐ Delete	TOLE		oral Gabi	11, P- 2	PC trange	Addition
NAME STREET ADDRESS	ORTIZ, LISSETTE B 2600 DOUGLAS RD., PH-6		NAME STREET ADDRESS	-21-	21 Ponce d	le leon	Blvd, St.	_ ' ;
CITY-ST-ZIP	MIAMI, FL 33134		CITY-ST-ZIP		Coral Gal		33/3	L L
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS City-St-2(P				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZP		☐ Delete	TITLE HAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE	· Sec.	☐ Delete	TITLE NAME				☐ Change	Addition
STREET ADDRESS . City-St-2P			STREET ADDRESS CITY-ST-2IP		, <b></b>		٤,	, ,
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 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:  SIGNATURE:  SIGNATURE OF PRINTED NAME OF SIGNING OFFICE DRI MIRECTOR								