

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

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90961 019 ***150.00

DOCUMENT # P01000039357

1. Entity Name

SPRING PLAZA CORPORATION

DO NOT WRITE IN THIS SPACE

80057183

2. Principal Place of Business 69 HOOK SQUARE <small>Suite, Apt. #, etc.</small>		3. Mailing Address 3230 S.W. 27TH STREET <small>Suite, Apt. #, etc.</small>		4. FEI Number 65-1099135		Applied For Not Applicable	
City & State MIAMI SPRING FLORIDA		City & State MIAMI FLORIDA		Zip 33166		Country U.S.A.	
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required		7. Name and Address of Current Registered Agent			
Name: ROBERTO VELASCO							
Street Address (P.O. Box Number is Not Acceptable) 3230 S.W. 27TH STREET							
City: MIAMI FLORIDA						FL Zip Code: 33133	

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IN THIS SPACE**

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.

SIGNATURE

Signature of principal officer or registered agent, as applicable

(NOTE: Registered Agent signature required when not in office)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State</p>	10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P/T ROBERTO VELSACO 3230 S.W. 27TH STREET MIAMI FLORIDA. 33133	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S/VP LOYDA VELSACO 3230 S.W. 27TH STREET MIAMI FLORIDA. 33133	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DO NOT WRITE IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

12. I declare under penalty that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(b), 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; a partner, owner, or officer empowered to execute this report pursuant to Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with or without the certificate agent.

SIGNATURE:

Loyda Velasco

(VICE_PRESIDENT) 03.12/02

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Declared Under Oath