

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

DOCUMENT # P01000052356
 1. Entity Name
BY OWNER SERVICE CORPORATION

FILED
 02 MAR -1 PM 2:51
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6890 W. Flagler St.
 Suite, Apt. #, etc.
MIAMI FL
 City & State

3. Mailing Address
6890 W. Flagler St.
 Suite, Apt. #, etc.
MIAMI FL
 City & State

Zip 33144 Country USA Zip 33144 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

**DO NOT WRITE
 IN THIS SPACE**

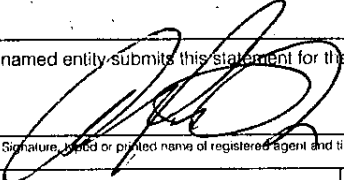
7. Name and Address of Current Registered Agent

Name ALBERTO LEY

Street Address (P.O. Box Number is Not Acceptable)
6890 W. Flagler St.

City MIAMI FL Zip Code 33144

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  DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

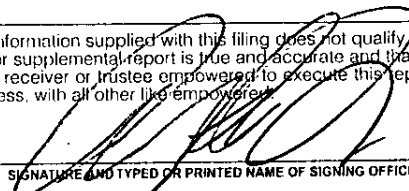
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**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**

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>CHIEF EXECUTIVE OFFICER ALBERTO LEY 6890 W. Flagler St MIAMI, FL 33144</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>700005073617--5 -03/08/02--01065--009</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PRESIDENT YVETTE LEY 6890 W. Flagler St MIAMI FL 33144</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>****150.00 ****150.00</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. 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 11 or on an attachment with an address, with all other like empowerments.

SIGNATURE:  Date 2/28/02 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR