

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

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90121 030 \*\*\*150.00

DOCUMENT # P01000052356



1. Entity Name  
BY OWNER SERVICE CORPORATION

Principal Place of Business  
6890 WEST FLAGLER STREET  
MIAMI FL 33144

Mailing Address  
6890 WEST FLAGLER STREET  
MIAMI FL 33144



2. Principal Place of Business  
*6866 WEST FLAGLER ST.*  
Suite, Apt. #, etc.  
*MIAMI FL 33144*  
City & State

3. Mailing Address  
*6866 West Flagler ST*  
Suite, Apt. #, etc.  
*MIAMI FL 33144*  
City & State

CHECK HERE IF MAKING CHANGES

Zip *33144* Country *Dade*

Zip *33144* Country *Dade*

4. FEI Number  
*65-1107031*  
Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**LEY, ALBERTO**  
6890 WEST FLAGLER STREET  
MIAMI FL 33144

7. Name and Address of New Registered Agent  
Name *LEY ALBERTO*  
Street Address (P.O. Box Number is Not Acceptable)  
*6866 W. FLAGLER STREET*  
*MIAMI FL 33144*  
City *MIAMI* State *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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO LEY, ALBERTO 6890 WEST FLAGLER STREET MIAMI FL 33144 <i>E Change addm</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEY, YVETTE 6890 WEST FLAGLER STREET MIAMI FL 33144 <i>Y</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>CEO</i> LAY ALBERTO 6866 W. FLAGLER ST MIAMI FL 33144 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Yvette Ley 6866 W. FLAGLER ST MIAMI FL 33144 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *SIGNATURE* ALBERTO Ley 4/26/03 (305) 989-1600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)