2003 FOR PROFIT CORPORATION

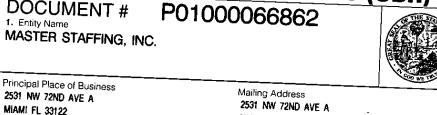
UNIFORM BUSINESS REPORT (UBR

DOCUMENT #



Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90354 045 ***150.00

FILED



MIAMI FL 33122 2. Principal Place of Business 3. Mailing Address <u>P.O. B</u>OX 226198 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

CHECK HERE IF MAKING CHANGES 4. FEI Number HIAMI, FL 65-1120395 Applied For Zip Country Not Applicable Country 33122 5. Certificate of Status Desired \$8.75 Additional DADE 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent Name QUILCATE, ESTHER 2531 NW 72ND AVE A Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33122** City 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 SIGNATURE 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 DATE After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. 10. Added to Fees OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete NAME QUILCATE, ESTHER TITLE Addition STREET ADDRESS NAME 2531 NW 72ND AVE A CITY-ST-ZIP STREET ADDRESS **MIAMI FL 33122** CITY-ST-ZIP TITLE ☐ Delete NAME TITLE ☐ Change STREET ADDRESS ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete NAME TITLE ☐ Change ☐ Addition STREET ADDRESS NAME CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE ☐ Delete NAME TITLE □ Change ☐ Addition STREET ADDRESS NAME CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP ☐ Delete IAME TITLE ☐ Change ☐ Addition TREET ADDRESS ITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TLE ☐ Delete TITLE AME Change TREET ADDRESS NAME ☐ Addition STREET ADDRESS

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 changed, or on an attachment with an address, with all other like empowered.

IGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/