2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 17, 2003 8:00 am Secretary of State 04-17-2003 90193 026 ***158.75

DOCU 1. Entity Nar AG CON	ne	# PO20 & MANAGEMEN		8519	/			04-17-2003 9	0193 02	.0 1	36.73	
Principal Plai 1455 NW 32N MIAMI FL 331		ss	1455	Mailing Address 1455 NW 32ND AVE MIAMI FL 33125								
2. Principal f	Place of Busi	ness	3. Mai	3. Mailing Address								
Suite, Apt.	. #, etc.		Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & Sta	te		City	City & Slate			4.	FEI Number 05 - 05 59 0	715		oplied For ot Applicable	-
Zip	Zip Country		Zip	Zip ·		Country		Certificate of Status Desired.	★ \$8	75 Add Require	iltional d	7
	~6. Name	and Address of Curre	nt Registere	d Agent —			· 7.	Name and Address of New Regis	itered Age	nt⇒		<u></u>]
0041741.0	7 40051	_ <u></u>		· · · · · · · · · · · · · · · · · · ·			Name					
	Z, ANGEL					Street Addre	Street Address (P.O. Box Number is Not Acceptable)				┪ .	
1455 NW Miami Fl	32ND AVE. 33125			···								+
	·			·,•		City			FL	Zip Cod)	1
		y submits this statement tered agent.	for the purp	ose of changing its	register	ed office or reg	istered as	gent, or both, in the State of Florida	. I am fami	liar with,	and accept	
SIGNATURE	Signature, typed	or printed name of registered age	nt and title if app	licable. (NOT	E: Registere	d Agent signature re	quired when	reinstating)	DATE			
Afte	r May 1, 20	!! FEE IS \$150.00 03 Fee will be \$550.0 o Florida Department		*	,	-		Election Campaign Finance Trust Fund Contribution.	ing	\$5.0 Added	O May Be to Fees	
10.		OFFICERS AN		` <u> </u>	11.			L DDITIONS/CHANGES TO OFFICER	S AND DIE	ECTORS	IN 11	4
TITLE NAME STREET ADDRESS		Z, ANGEL 32ND AVE.	<u></u>	Detete	TITLE					Change	Addition	CR2E034 (10/02)
CITY-ST-ZIP TITLE	MIAMI FL	33125		Delete	CITY	-ST-ZIP				Change	☐ Addition	RZEO
NAME STREET ADORESS CITY-ST-ZIP		•				e et adoress -st-zip				·		
NAME STREET ADDRESS		The second of th		- Delete	NAME STREE					Change > -	Addition	
CITY-ST-ZIP	<u></u>	· · · · · · · · · · · · · · · · · · ·		☐ Delete	CITY-	-ST-ZIP				Change	☐ Addition	1
NAME STREET ADDRESS				. — Detale	NAME STREE	ET ADORESS				Change	-	
TITLE	<u> </u>			☐ Delete	CITY-	ST-ZIP		<u> </u>		Change	Addition	1
NAME STREET ADDRESS CITY-ST-ZIP						ET ADORESS ST-ZIP				-		ľ
TITLE NAME STREET ADDRESS				☐ Delete	TITLE NAME STREE	1				Change	Addition	
CITY-ST-ZIP	certify that the	information supplied wi	th this filing	does not qualify for		ST-ZIP	Section	119 (17/3)/i) Florida Statutae Ulumb	er cartify th	nt the in	formation	
indicated	on this repor	t or supplemental report	is true and a	accurate and that n	y signati	ure shall have t	he same	119.07(3)(i), Florida Statutes, I furth legal effect as if made under oath; da Statutes; and that my name and	that I am ar	officer (or director	1