

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PO 20000 83897

2003

FILED

03 APR 29 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

1. Entity Name

Principal Place of Business Mailing Address
2949 WEST OCKEECHOBEE RD
#4
MIAMI GARDENS FL. 33018

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 82-0555891 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

EDUARDO MENDEZ
2699 COLLINS AVE
MIAMI BEACH FL. 33146

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 <u>P</u> NAME <u>JACKLINE RAMIREZ</u> <input type="checkbox"/> Delete STREET ADDRESS <u>7126 W 34 LN</u> CITY-STATE-ZIP <u>MIAMI GARDENS FL. 33018</u>	
TITLE <u>VP</u> NAME <u>RUBEN PORTIELES</u> <input type="checkbox"/> Delete STREET ADDRESS <u>7126 W 34 LN</u> CITY-STATE-ZIP <u>MIAMI GARDENS FL. 33018</u>	
TITLE <u>DIR</u> NAME <u>JUAN MIGUEL BRAN</u> <input type="checkbox"/> Delete STREET ADDRESS <u>3165 W 78 ST</u> CITY-STATE-ZIP <u>MIAMI GARDENS FL. 33018</u>	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] Date 4/21/03 Daytime Phone # _____

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