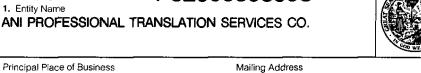
## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P02000095398 **DOCUMENT #**

1. Entity Name

Principal Place of Business



**FILED** Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90124 007 \*\*\*150.00

9981 S.W. 26 TEHRACE MIAMI FL 33165				9981 S.W. 26 TERRACE MIAMI FL 33165							
2. Principal F	Place of Busin	ess	3. Mai	3. Mailing Address					DIJI EQIH QBIJU		
Suite, Apt.	#, etc.		Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & Stat	te		City	City & State				FEI Number 14 - 184479	0		plied For t Applicable
Zip	_	Country Zip C			Coun	try	5.	Certificate of Status Desired		\$8.75 Add	litional
	6. Name	and Address of C	urrent Registere	ed Agent	<u> </u>		7.	Name and Address of New	Registered	Agent	
9981 S.W	), ANA MAR . 26 TERRA			i			Name Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL	33165									Zip Code	
) 				.,5		City			FL	<b>-</b> 2.0 0000	
	tions of regist		· ·				registered a	gent, or both, in the State of F	lorida. I am	familiar with, a	and accept
Afte Make Check	r May 1, 200	! FEE IS \$150.0 3 Fee will be \$5 Florida Departm	50.00 nent of State	<u> </u>				9. Election Campaign F Trust Fund Contributi	on. [	Added	May Be to Fees
10.	PVST	OFFICER	S AND DIRECTO		11.		A	DDITIONS/CHANGES TO OF	FICERS AND		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SALCEDO,	ANA MARIA 26 TERRACE 33165		☐ Delete						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,	☐ Delete					-	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		e de la caractería		□ Delete _				aid.	• ,	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						☐ Change	Addition
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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:**