2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:



FILED Apr 15, 2003 8:00 am Secretary of State

1. Entity Nar		0112520		03-31-2003 90297 010 *****135.00
Principal Place of Business Mailing Address 3195 N.W. 54TH STREET 3195 N.W. 54TH STRE MIAMI FL 33142 NIAMI FL 33142		3195 N.W. 54TH STREET		
		1		
2. Principal Place of Business 3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Nixmber Applied For Not Applied For Not Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
·	- Ingrie and Addition of Gallett		Name	
ARENCIBIA, GERSON		Street Addres	s (P.O. Box Number is Not Acceptable)	
3195 N.W. 54TH STREET. MIAMI FL 33142				
INDENII I C	OO ITE			
	:	<u>. </u>	City	Tered agent, or both, in the State of Florida. I am familiar with, and accept
· Afte	Signature, typed or printing name of registered agent a ILE NOW!!! FEE IS \$150.00 I May 1, 2003 Fee will be \$550.00		: Registered Agent signature requi	9. Election Campaign Financing \$5.00 May Be
Make Chec	k Payable to Florida Department of		<u> </u>	Trust Fund Contribution. Added to Fees
10.	OFFICERS AND I		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADORESS	PSD ARENCIBIA, ANGEL 3195 N.W. 54TH STREET	· Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition 2
CITY-ST-ZIP	MIAMI FL 33142		CITY-ST-ZIP	
TITLE NAME	[VTD Tarencibia=Maria================================	☐ Delete	TITLE	☐ Change ☐ Addition ☐ E
STREET ADDRESS CITY-ST-ZIP	3195 N.W. 54TH STREET MIAMI FL 33142		STREET ADDRESS City-St-Zip	The state of the s
TITLE	D ARENCIBIA, NELSON	☐ Delete	TITLE	Change Addition
STREET ADDRESS CITY-ST-ZIP	3195 N.W. 54TH STREET MIAMI FL 33142		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARENCIBIA, GERSON 3195 N.W. 54TH STREET MIAMI FL 33142	□ Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS		☐ Delete	TIFLE NAME STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP			CITY-ST-ZIP	·
TITLE NAME STREET ADORESS		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP	
12. I hereby coindicated of the corp	ertify that the information supplied with t on this report or supplemental report is t poration or the receiver or trustee empoy	his filing does not qualify for true and accurate and that my vered to execute this report as	he exemption stated in S signature shall have the s required by Chapter 60	ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as it made under oath; that I am an officer or director 17. Florida Statutes; and that my name appears in Block 10 or Block 11 if