FOR PROFIT CORPORATION
NIFORM BUSINESS REPORT (UBR

OMIT	JUM DOSINE	33 KEPUKI (	<u>u dr</u>	9	FILED	, •	
DOCUMENT #	P0400007214	2	•	l i			
1. Entity Name					05 MAR -2 PH	2.10	
1					2000	3-12	
TESH CORP		·			SECRETANY OF T TALLAHASSI F, FI	FATE	
					HLLANASSIT, FT	Gilha	
DO N	OT WRITE	IN THIS S	PΔ	CE		ستر رو ۱۱۱	
					1 1	/ 10 .	
2. Principal Place of Business 3. Mailing Address					12121115 81D	29 ode 1840	
4445 NORTH JEFFERSON AVENUE   Suite, Apt. #, etc.   Suite, Apt. #, etc.					- 1 1-0 -		
Suite, Apt. #, etc.					DO'NOT WRITE IN	THIS SPACE	
		City & State			4. FEI Number	Applied For	
MIAMI BEACH, FL					20-1087960	Not Applicable	
Zip	Country	Zip .	Country "		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
33140				7 Nan	ne and Address of Current F		
	Name			IAS OBADÍA	registered Adelit		
DO NOT WRITE							
1		,=;={=;=,=,=;=;=;=;=;=;=;=;=;=;=;=;=;=;=		Street Addr	ess (P.O. Box Number is Not	Acceptable)	
IN THIS SPACE				4445 N Jetterson Ave.			
		<del>(4</del> , 4, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5,	1 . 4	City Mic	ami Beach F	Zip Code 33 140	
8. The above паmed	entity submits this st	atement for the purpos	e of ch	nanging its regis	stered office or registered age	nt. or both, in the	
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 the obligations of registered agent.							
State of Flonda. I am familiar with and accept the obligations of registered agent.  SIGNATURE  Feb 28 70.05							
Signature, typed or printed name of registered agent and title if applicable. (NOTE; Registered Agent signature required when reinstating) DATE							
January 1 - May 1 Fee is \$150.00							
	ay 1, Fee is \$550.00 led UBR is \$61.25				<ol><li>Election Campaign Financing Trust Fund Contribution.</li></ol>	\$5.00 May Be Added to Fees	
Make Check Pavable	e to Florida Departm	ent of State					
10.	OFFICERS AN PRESIDENT/DIREC	ND DIRECTORS	11.	Ta ≥setan atauatan	anas kambana ban Banda kamban		
NAME	IELIAS OBADIA	IOR		TLE VME	in dispersion and an		
STREET ADDRESS	4445 N JEFFERSON			REET ADDRESS	00000023576 02721705-8002	incover w	
CITY-ST-ZIP	MIAMI BEACH, FLO VICE PRESIDENT/C	RIDA 33140		TY-ST-ZIP			
NAME	FLORA SERRUYA	IRECTOR	[ . ii . i . i . i	TLE ME			
STREET ADDRESS	4445 N JEFFERSON	AVENUE		REET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH, FLO	RIDA 33140		TY-ST-ZIP			
TITLE NAME	ļ			re Me			
STREET ADDRESS			K	REET ADDRESS	BANAT	MAINTE	
CITY-ST-ZIP				TY-ST-ZIP	DO NOT	WKILE	
NAME				TLE Wie	IN THIS	SPACE	
STREET ADDRESS				REET ADDRESS	adaa Norah kalenda aha ahara ka		
CITY-ST-ZIP	<del> </del>	<del></del>		TV-ST-ZIP			
TITLE NAME	ĺ			NE WE			
STREET ADDRESS		•	ST	REET ADDRESS			
CITY-ST-ZIP				TY-ST-ZIP			
NAME		`	R 1 1 1 1	WE .			
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP	ha Information according	with this files does not	CI	TY-ST-ZIP			
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(7), 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 eath; 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 on an attachment with an address, with all other like empowered.							
1 less contain City							
SIGNATURE: ECIAS OBADIA (126) + 2005/305-5023176							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							