2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)				FILED Feb 03, 2003 8:00 am			
DOCI	JMENT# P930 (00037142			Secretary of State 02-03-2003 90094 025 ***150.00		
Principal Place of Business 239 ALESIO AVE CORAL GABLES FL 33156 US		Mailing Address 239 ALESIO AVE CORAL GABLES FL 3315 US	56				
2. Principa	Place of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & St		City & State			4. FEI Number 65-0420490 Applied For Not Applied		
	Country	Zip	Country		5. Certificate of Status Desired		
	6. Name and Address of Current	Registered Agent	Nome		7. Name and Address of New Registered Agent		
CEO, ROCCO J 239 ALESIO AVE CORAL GABLES FL 33134			Name Street	Street Address (P.O. Box Number is Not Acceptable)			
UHAL C	ABLES FL 33134		City	_	To Code		
8. The above	e named entity submits this statement fo	r the purpose of changing its	l *	or registered	FL Zip Code d agent, or both, in the State of Florida. I am familiar with, and accept		
Afte	Signature, typed or printed name of registered agent a FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of		E: Registered Agent signs	ature required wh	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
10.	OFFICERS AND I	1	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CEO, ROCCO J 239 ALESIO AVE CORAL GABLES FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD / 1 CEO, 239 A	VSTD ROCGO J HEGGO AVE TA GARDLES FL		
TITLE NAME Street Address City-St-Zip	vstd Nardi, maria 239 Alesio ave Goral Gables Fl. 33134-4864 -	⊠ Delete	TITLE NAME STREET ADDRESS _CITY-ST-ZIP		☐ Change ☐ Additio		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		
ITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Change ☐ Addition		
TLE AME TREET ADDRESS TY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>, , , , , , , , , , , , , , , , , , , </u>	☐ Change ☐ Addition		
TLE AME Treet address Ty-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Change ☐ Addition		
	ertify that the information supplied with the on this report or supplemental report is tro oration or the receiver or trustee empower or on an attachment with an address, with		ne exemption state signature shall ha required by Chap	ed in Section ve the same ster 607, Flo	n 119.07(3)(i), Florida Statutes. I further certify that the information e legal effect as if made under oath; that I am an officer or director orida Statutes; and that my name appears in Block 10 or Block 11 if		

SIGNATURE:

SIGNATURE AND YPED OR PRINTED AME OF SIGNING OFFICER OR DIRECTOR