2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2002	2 Uniform Busi	FILED Anr 10 2002 8:00 am				020/90			
DOCUMENT # P97000016100 1. Entity Name					Apr 10, 2002 8:00 am Secretary of State				٥ <u>پر</u>
	CORPORATION					04-10-2002 904			
Principal Place of Business 230 OLD MILL CIRCLE KISSIMMEE FL 34746 Mailing Address C/O PACKMAN.NEUW 1560 SAN REMO AVE CORAL GABLES FL 3			UITE 125						
2. Principal Place of Business 3. Mailing Address 536 Biltmore V			Way		- 118	E Dan	1311 99 101 13030 91301 130		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & Stat	е	City & State Coral Gables			4. FEI Num	59-3458729	— —	pplied For ot Applicable	}
Zip Country		Zip Cοι 33134		U.S.A.	5. Certificate of Status Desired S8.75 Add Fee Require				
	6. Name and Address of Current	Registered Agent		· Name	7. Name a	nd Address of New Regis	tered Agent		-
ATRIUM REGISTERED AGENT INC. 1500 SAN REMO AVENDE				And	Andrew Cuevas, Esq. eet Address (P.O. Box Number is Not Acceptable)				
SUITE 125									1
CORAL GABLES FL 33146.				City	6 Biltmo cal Gabl	•	FL Zip Cod	^{de} 33134	-
8. The above	named entity submits this statement fo	r the purpose of changing its	registere			<u> </u>			1
SIGNATURE	Andreal	Cas		-		1	1212		
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered	d 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 on back) FILE NOW!! After May 1, 200 Make Check Payabl				will be \$550.00		Election Campaign Financi Frust Fund Contribution.		00 May Be d to Fees	
11.	OFFICERS AND		12.			S/CHANGES TO OFFICER	RS AND DIRECTOR	RS IN 11	1
TITLE NAME STREET ADDRESS	PD ZANZI, LICIO 230 OLD MILL CIRCLE	☐ Delete	TITLE NAME STREE				☐ Change	☐ Addition	(10/6) 4001
CITY-ST-ZIP	KISSIMMEE FL 34746		CITY-	ST-ZIP					CRZE
TITLE NAME STREET ADDRESS		☐ Delete	NAME STRE				☐ Change	☐ Addition	٥
CITY-ST-ZIP TITLE		□ Delete	CITY	-ST-ZIP	•		Change	☐ Addition	1
NAME STREET ADDRESS CITY-ST-ZIP	The state of the s		NAME STREE						
TITLE NAME		☐ Delete	TITLE	:			☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP			11	ET ADDRESS ·ST-ZIP					
TITLE NAME		☐ Defete	TITLE	:			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP			11	ET ADDRESS ST-ZIP					
TITLE NAME		□ Delete	TITLE				☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP			CITY-	ET ADDRESS ST-ZIP					
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address,	true and accurate and that nowered to execute this report	ny signat	ure shall have the	same legal eff	ect as if made under oath;	that I am an office	r or director	