

FROM : JAMES_HURCHALLA

PHONE NO. : 13053819188

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90142 022 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **FR80000091683**

1. Entity Name

SLIM CENTER CORP.

Principal Place of Business 169 EAST FLAGLER STREET SUITE 1527 MIAMI FL 33131	Mailing Address 169 EAST FLAGLER STREET SUITE 1527 MIAMI FL 33131-1207
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0879896	Applied For Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent THOMPSON, DISNEY 169 EAST FLAGLER STREET SUITE 1527 MIAMI FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SION CHEJA, ALBERTO			NAME			
STREET ADDRESS	169 EAST FLAGLER STREET			STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL 33131			CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SALOMON JABAZ, DANIEL			NAME			
STREET ADDRESS	169 EAST FLAGLER STREET			STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL 33131			CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SION CHEJA, GUILLERMO			NAME			
STREET ADDRESS	169 EAST FLAGLER STREET			STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL 33131			CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROMERO, MIRTA S.			NAME			
STREET ADDRESS	169 EAST FLAGLER STREET			STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL 33131			CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 507, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIRTA S. ROMERO *Mirta S. Romero* 04/28/00 (305) 381-9188