## UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 14, 2000 8:00 am Secretary of State

Principal Place of Bi  8 4 9 1 N. W.  Medley, F.  2. Principal Place of  Suite, Apt. #, etc.  City & State  Zip  6. Na  Fábregas,  631 East  Hialeah,  8. The above name  Signature (See criteria on both  Tax filing requirem (See criteria on both  11.  TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP  Hial  D / ST  NAME  Fák  STREET ADDRESS  CITY - ST - ZIP  TITLE  D / ST  NAME  Fák	96th St. L 33166-2034  Business  Country  The and Address of Current Research  Ana L. 12th Pl. FL 33010  dentity submits this statement for the statement of registers are, typed or printed name of registers are, typed or printed name of registers.	Mailing Address  8 4 9 1 N.W. 9  Medley, FL  3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip  Registered Agent  for the purpose of changing agent and title if applicable	Country  Name Street City g its registered of A. Fa 6M e. (NOTE: Re	DO NOT WE  4. FEI Number 65-0920370 5. Certificate of Status Desire 7. Name and Address of New Address (P.O. Box Number is Not Accept ice or registered agent, or both, in the State of Agent signature required when reinst	ree Required  Registered Agent  Stable)  FL Zip Code  State of Florida.  # - 10 - 00 .  Bating) DATE
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11.  TITLE D/F NAME FÁR STREET ADDRESS 633 CITY ST - ZIP H 1 a TITLE D/S NAME FÁR				550.00 10. Election Campaign Trust Fund Contribu	
TITLE D/F NAME FAX STREET ADDRESS 631 TITLE D/S NAME FAX	·	Make Check Payab	ie to Departm	nt of State	Added to Fees
NAME Fâl STREET ADDRESS 631 CITY ST - ZIP H1a TITLE D/S NAME Fâl	OFFICERS AND DI		12	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 11
STREET ADDRESS 631 CITY ST - ZIP His TITLE D/S NAME Fát	r oregas, Mario	Delete	TITLE NAME		Change Addition
CITY ST - ZIP Hia TITLE D/S NAME Fak	l East 12th Pl	А	STREET ADDRES		
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NAME Fák		Delete	TITLE	<del> </del>	Change Addition
1	oregas, Ana L.	<u> </u>	NAME		
STREET ADDRESS   631	East 12th Pl		STREET ADDRES		
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13. I hereby certify that information indica officer or director	ited on this report or supplemen	ntal report is true and accur er or trustee empowered to	for the exemption trate and that my execute this re	Istated in Section 119.07(3)(i), Florida 5 signature shall have the same legal effect that as required by Chapter 607, Florida suppowered.	ct as if made under oath; that I am an
SIGNATURE	of the corporation or the receive ck 12 if changed, or on an attac	7			<b>20</b> .305-885-4857
SIGNATURE	ck 12 if changed, or on an attac	7	rio 7	Fábregas 4-10-6	/ <b>// .</b> 3/15_005_/05/