

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name		P00000081154		FILED AMENDED RETURN 01 JUL 30 PM 3:13 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business		Mailing Address			
11529 SW 131 St Miami, FL 33176		11520 SW 131 St Miami, FL 33176			
2. Principal Place of Business		3. Mailing Address			
13022 SW 120 St		13022 SW 120th Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number	
Miami, FL		Miami, FL		65-1034754	
Zip		Zip		5. Certificate of Status Desired	
33186		33186		Applied For Not Applicable	
Country		Country		Additional Fee Required	
				\$8.75	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
Villegas, Gloria 11520 SW 131th Street Miami, FL 33176				Name	
				Hector D. Escobar	
				Street Address (P.O. Box Number is Not Acceptable)	
				13022 SW 120 St	
				City	
				Miami, FL	
				Zip Code	
				3	
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 <i>Hector D. Escobar</i> 7-26-2001 <small>Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>			10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD <input type="checkbox"/> Delete			TITLE PDS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME RESTREPO, HECTOR D			NAME ESCOBAR, HECTOR D.		
STREET ADDRESS 11520 SW 131 ST			STREET ADDRESS 13022 SW 120 ST		
CITY-ST-ZIP MIAMI, FL 33176			CITY-ST-ZIP MIAMI, FL 33186		
TITLE SD <input checked="" type="checkbox"/> Delete			TITLE 0000004526450 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME VILLEGAS, GLORIA A			NAME -08/09/01--01015--025		
STREET ADDRESS 11520 SW 131 ST			STREET ADDRESS *****61.25 *****61.25		
CITY-ST-ZIP MIAMI, FL 33176					
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		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

FILED
AMENDED RETURN

01 JUL 30 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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 607, 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: Hector Sison 7-26-2001

CR2E034 (9/99)