2002 UNIFORM BUSINESS REPORT (UBR)

2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P96000056199				FILED Feb 21, 2002 8:00 am Secretary of State			
							FALCON
Principal Place of Business 48 E FLAGLER ST SUITE #379 MIAMI FL 33131 MIAMI FL 33131 Mailing Address 48 E FLAGLER ST SUITE #379 MIAMI FL 33131						18/13 18/1 1883	
2. Principal F	Place of Business	3. Mailing Address			6011 8011 0010 0110 0110 0110 1101 8		
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT W	RITE IN THIS SPACE		
City & State City & State				4. FEI Number 65-0678650 Applied For Not Applicable			
Zip	Country	Zip	Country	5. Certificate of Status Desired	¢9.75 Ad	ditional	
	6. Name and Address of Current	Registered Agent		7. Name and Address of Nev			
ALVAREZ, JACQUELINE 48 E FLAGLER ST			Name Street Addres	Name Street Address (P.O. Box Number is Not Acceptable)			
	79 3RD FLOOR						
MIAMI FL 33131			City		FL Zip Cod	le	
8. The above	named entity submits this statement fo	r the purpose of changing its	registered office or regis	stered agent, or both, in the State of	Florida.		
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registered Agent signature requ	ired when reinstating)	DATE		
Tax filing requirement and elects to do so. After May 1, 2002			!!! FEE IS \$150.00 02 Fee will be \$550.00 ble to Department of S		ν _ Ψυ.υ	00 May Be	
11.	OFFICERS AND		12.	ADDITIONS/CHANGES TO O	FFICERS AND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS	DP GOLD, JANINE 8877 COLLINS AVE	☐ Delete	TITLE NAME STREET ADDRESS		☐ Change	☐ Addition	
CITY-ST-ZIP	SURFSIDE FL S	☐ Delete	CITY-ST-ZIP TITLE		☐ Change	☐ Addition	
NAME Street Address Dity-St-Zip	ALVAREZ, JAQUELINE 145E FLAGLER 1 #C-7 MIAMI FL		NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME	WILLIAM 1 E	□ Delete	TITLE NAME	<u> </u>	☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	***		STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		☐ Change	☐ Addition	
ITY-ST-ZIP		Delete	CITY-S1-ZIP TITLE		Change	Addition	
IAME Itreet Address Ity-St-Zip			NAME STREET ADDRESS CITY-ST-ZIP	,	_ ,		
ITLE IAME TREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		☐ Change	☐ Addition	
3. I hereby of indicated of the corp changed.	pertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emplo or on an attachment with an address, h	this filing does not qualify for the and accurate and that r wered to execute this report rith all other like enhowered.	CITY-ST-ZIP The exemption stated in Sony signature shall have the	Section 119.07(3)(i), Florida Statute e same legal effect as if made unde 07, Florida Statutes; and that my na	s. I further certify that the in roath; that I am an officer me appears in Block 11 or	oformation or director Block 12 if	

SIGNATURE: _