2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 21, 2002 8:00 am Secretary of State

DOCUMENT PAGO 00091842							Secretary of Stat				
PORRAS & COMPANY, CPA, PA							03-	Z1-Z0(02 91141	039 1	30.00
Principal Place of Business Mailing Address											
1101 BRI		1101 BRICKELL		JΕ				Mission of	- 11 Ta		
STE TOWER N 800 MIAMI, FL 33131			STE TOWER N 800 MIAMI, FL 33131							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7
2. Principal Place of Business			8. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			Chy & State			4	4. FEI Number Applied For 650956679 Not Applicable				7
Zlp	Country		Zip	Zip Cour		5	5. Certificate of Status Desired Secretary Sec		dditioned	4	
	6. Name	and Address of Current	Registered Agent		7. Name and Address of New Registered Agent						
PORR	AS, SER	GIO.		Name							
1	RICKELL			Street Address (P.O. Box Number is Not Acceptable)							
	OWER N										
MIAMI, FL 33131					City		FL Zip Code			de	7
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	Signature, typed	or printed name of registered agans :	and title if applicable. (NOT	E. Registere	id Agent signature re	quired whe	n reinstating)	DATE			
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) After May 1, 2002 Fee 1 Make Check payable to Den						50.00	10. Election Campaign Fin Trust Fund Contribution	-		00 May Be	-
11.	ma on back)	OFFICERS AND	Make Check payab	epartment of		ADDITIONS/CHANGES TO OFFI	CERS AN	ID DIRECTOR	2S (N 11	4	
TITLE	PORRAS	, SERGIO	☐ Celete	12.	Ē	-		<u></u>	☐ Change	Addition	Ê
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CITY-ST-ZIP	MIAMI, F			cm	-ST-ZIP				<u> </u>		<u> </u>
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TITLE NAME			□ Delete	MAM	I				Change	Addition	
STREET ADDRESS CITY-ST-ZIP	1				ET ADDRESS -ST-ZIP						
18. I hereby	Certify that the	Information supplied with	this filing does not qualify fo	r the exe	motion stated is	n Section	n 119.07(3)(i), Florida Statutes. I	further co	ertify that the	information	1
18. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(I), 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 comporation 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 attractment with gn address, with all other like empowered.											
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SIGNATURE: 4/29/02 SIGNATURE: MICHATURE MICHAEL OF STANSING OFFICIAL DEPOSITOR DISPOSITOR DISPOSITORI D											