D206153 AV

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCU 1. Entity Nar AMBROS					Secretary of State 04-14-2003 90343 003 ***150.00								
Principal Place 11250 SW 47 MIAMI FL 331		PO Bo	Mailing Address PO BOX 164723 MIAMI FL 33116						18 8 8 10 1				(1)
2. Principal F	Place of Business 0 SW 47 ^M IMEE	3. Mai	ling Address							Bul Coal și			
Suite, Apt			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
City & Star	te	City	City & State			4. F			FEI Number 65-0571100 Applied For Not Applicable				
Zip Country		Zip		Coun	ntry	5. Certificate of Status Desired		ired		B.75 Add	litional		
	6. Name and Address of Currer	nt Registere	d Agent				7. Na	me and A	ddress of	New Regis	stered Ag	ent	
DIAMO CATHEDNIE					Name								
BLANC, CATHERINE					Street Ac	dress (P	O. Box	k Number	s Not Acce	ptable)			\
11250 SW 47TH STREET					1195	05	w_	47 "	_1772	tt-7			
MIAMI FL 33175													
					City						FL	Zip Code	e
the obliga	a named entity submits this statement tions of registered agent. Signature, typed or printed name of registered age FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.0	ent and title if app			d Agent signatur			stating) 9. Elect	ion Campa Fund Cont	ign Financ	DATE	\$5.0	0 May Be
	k Payable to Florida Department												
TITLE	OFFICERS AN	D DIRECTO	Delete	11.		•	_ADD	HONS/C	HANGES TO	J OFFICEI		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	ECHEVERS, SANDRA L 11250 SW 47TH STREET MIAMI FL 33175		Detete	NAM STRE		110	950	s si	U 47	THE			Audition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLANC, JEAN-FRANCOIS 11250 SW 47TH STREET MIAMI FL 33175		☐ Delete		- 1	119	50	Sw	47	m st		□ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·		☐ Delete		i i							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				•					Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete									☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CUTY_ST_ZIP			☐ Delete		1							Change	☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

04-11-03/305-120/33 Date / Daytime Phone #