NOT-FOR-PROFITE ORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711561 1. Entity Name



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2. Principal	Place of Business	3. Mailing Address		· 11. 0 04/15/	0016059 30101600)471 8 **61,25	
626 N	YERIDIAN AVE	clo CAM Manag	clo CAM Management Services				
Suite, Apt	. #, etc.	P. D. Box 510	P.O BOX 5103		DO NOT WRITE IN THIS SPACE		
City & Sta Miami	BEACH , FL.	City & State Hipleph Fl	City & State Hislesh, Fl.		4. FEI Number Applied For Not Applicable		
Zip Country 33139 USA		Zip	Zip Country 33014-1103 USA		5. Certificate of Status Desired See Required Fee Required		
		The second of th		7. Name and Addre	ess of Current Register		
	DO NOT IA	/DITE	Name Anita Gonzalez				
	DO_NOT_W	eartai touga sauer tei coluet activitude teilainis	Street Address (P.O. Box Number, is Not Acceptable) CAN Wanayement Senices				
	IN THIS SI	PACE	1800 W 49 St. # 330				
			City Hialeah FL Zip Code 33012				
	e named entity submits this statement tions of registered agent.	for the purpose of changing its re	egistered office or req	gistered agent, or both, in	the state of Florida. I an	n familiar with, and accept	
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SIGNATURE	Signalure, typeg of ornited name of registered age	it and title if applicable. (NOTE: F	Anita C	nonzalez	03	11 03	
		n and this in applicable. (NOTE:)	registered Agent signature re	equired when remistating)	DATE		
	FEE IS \$61.25 Initial or Amended UBR	9. Election Camp Trust Fund Co		\$5.00 May Be Added to Fees	· · · · · · · · · · · · · · · · · · ·	eck Payable to artment of State	
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TITLE	OFFICERS AND D	IRECTORS	TITLE		oradas rassas	A 7.1	
NAME	Ruben Molina	NAME STREET ADDRESS	100016059471 04/15/0301016009 **61.25				
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Oneyda Malina Oslulos

365 876-9191

^{12.} Thereby 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.