## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## 324638 **DOCUMENT #**

WESTCHESTER			
Principal Place of Busin	ness	Mailing Address	
, 2500 S W 75TH AVE		2500 S W 75TH AVE	
ATTN: JOHN KIRBY		attn: John Kirby	
MIAMI FL 33155	:	MIAMI FL 33155	
US 🦠 🧎		US	
2. Principal Place of Br	usiness	3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	-
City & State		City & State	
Zip	Country	Zip	Country

## **FILED** Feb 07, 2003 8:00 am Secretary of State 02-07-2003 90078 033 \*\*\*158.75

	, which					
Principal Place 2500 S W 75Th ATTN: JOHN KI MIAMI FL 3315: US	HAVE :	Mailing Address 2500 \$ W 75TH AV ATTN: JOHN KIRBY MIAMI FL 33155 US				
2. Principal Pla	ace of Business	3. Mailing Address			-   108100 20130 10014 45015 01180 1310) 501	#31011 01011 01014 01014 01011 0101F 100A
Suite, Apt. #, etc. Suite, A		Suite, Apt. #, etc.	Juite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State	City & State		4. FEI Number 59-1201323	Applied For Not Applicable
Zip	Country	Zip	Count	try	5. Certificate of Status Desired	00.75
	6. Name and Address of Curre	ent Registered Agent		and the second of	7. Name and Address of New Regis	tered Agent
MBBM 101	18.5	•		Name		
KIRBY, JOHN 2500 S.W. 75 AVE			Street Address (	(P.O. Box Number is Not Acceptable)		
MIAMI FL 3	3155					
			ŀ	City		FL Zip Code
	named entity submits this statemer ans of registered agent.	nt for the purpose of changi	ng its registere	ed office or register	red agent, or both, in the State of Florida.	I am familiar with, and accept
SIGNATURE _	ignature, typed or printed name of registered a	and and this if anytherite	AIOTC Facility		· · · · · · · · · · · · · · · · · · ·	0475
<del></del>		gent and title if applicable.	(NOTE: Registered	d Agent signature required	o when reinstating)	DATE
After I	.E NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.0 Payable to Florida Departmen				9. Election Campaign Financii Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.		ND DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 11
	PDS URLICH, SYLVIA	☐ Delete	TITLE			☐ Change ☐ Addition
STREET ADDRESS	235 SOLANO PRADO CORAL GABLES FL		STREE	ET ADDRESS -ST-ZIP		
	AST	☐ Delete	TITLE			☐ Change ☐ Addition
	KIRBY, JOHN	Doloto	NAME			C outrido C votinon
	2500 SW 75 AVE			ET ADDRESS		
CITY-ST-ZIP	MIAMI FL		CITY-	ST-ZIP		
TITLE	-	- Delete	TITLE			☐ Change ☐ Addition
NAME STREET ADDRESS			NAME	ET ADDRESS		
CITY-ST-ZIP			- 1	ST-ZIP		
TITLE		☐ Delete	TITLE		w	☐ Change ☐ Addition
NAME			NAME			
STREET ADDRESS				ET ADDRESS ST-ZIP		
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TTLE NAME		☐ Delete	TITLE NAME			☐ Change ☐ Addition
STREET ADDRESS				T ADDRESS	-	
CITY-ST-ZIP				ST-ZIP		
TITLE		□ Delete	TITLE		,	☐ Change ☐ Addition
IAME			NAME	i		
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP	<u> </u>		CITY-	ST-ZIP		
2. I hereby ce	rtify that the information supplied v	with this filing does not qual	ify for the exen	notion stated in Se	ction 119.07(3)(i), Florida Statutes. I furth	er 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 of 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. 305

SIGNATURE:

SIGNATURE US QUIRED SIGNAYURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT SIGNING OFFICER OR DIRECTOR

264-5252 Daytime Phone #