2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 489538 1. Entity Name

2001 UNIFORM BUSINESS REPORT (UBR)								FILED						
DOCU 1. Entity Nar	IMENT # 48953				Feb 01, 2001 8:00 am Secretary of State 02-01-2001 90192 028 ***150.00									
	ce of Business CHOBEE ROAD 3010	1	Mailing Address 1401 W. OKEECHOBEE ROAD HIALEAH FL 33010					,						
2. Principal	Place of Business	3	. Mailing Address				==							
Suite, Apt. #, etc.			Suite, Apt. #, etc.					DO NOT W	RITE IN THI	S SPACE				
City & State			City & State			4.	FEI Number	59-16308	78	-		plied For t Applicable]	
Zip	ip Country		Zip Cour		try	5. Certificate of State				\$8.75 Fee Re	Add	itional	1	
6. Name and Address of Current Registered Agent					Name	7. Name and Address of New Registered Agent Name							1	
ALFONSO, FERNANDO 443 DEER RUN DR MIAMI SPRINGS FL 33166					Street Ad	Street Address (P.O. Box Number is Not Acceptable)								
MIAI	VII SPRINGS PL 33 100				City			, , , , , , , , , , , , , , , , , , ,	F	L Zip	Code)		
SIGNATURE	e named entity submits this stateme	agent and tit			ed office or r			in the State of I	Florida.					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)			After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta					ion Campaign F Fund Contribut	•			O-May Be- to Fees	-	
11. OFFICERS AND D			ECTORS	12.		Al	DDITIONS/C	HANGES TO OF	FICERS A	ND DIREC	TORS	IN 11	<u> </u> _	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALFONSO, FERNANDO JR 443 DEERUN DIRVE MIAMI SPRINGS FL		☐ Delete							☐ Cha	ange	Addition	-034 (10/00)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ORTEGA, GIL 1111 BLUEBIRD AVENUE		☐ Delete							☐ Chá	ange	Addition	CR2E0	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI SPRINGS FL V ORTEGA, MARITZA 1111 BLUEBIRD AVENUE MIAMI SPRINGS FL		☐ Delete	TITLE NAMI STRE						☐ Cha	ange	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MICHAEL STRUCTURE		☐ Delete				44,44,44	·		☐ Cha	inge	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	, till	ر البيالة الله الله	□ Delete	TITLE NAME	٠ . استحد		٠, ٠	<u> </u>		Cha	inge .	Addition→	-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Cha	inge	Addition		
13. Lhereby o	certify that the information supplied	with this	filing does not qualify for	the eyer	nntinn state	d in Section	119 07(3)(i)	Florida Statutor	I further e	artify that	the int	formation	ĺ	

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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.