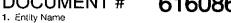
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

616086

LINDEL, INC.





FILED Mar 21, 2003 8:00 am Secretary of State

03-21-2003 90089 016 ***150.00

						N. S.						
Principal Place of Business 9220 S.W. 64TH STREET MIAMI FL 33173		Mailing Address PO BOX 557032 MIAMI FL 33255-7032 US									440 460 HH	
2. Principal F	Place of Business	3. Mailing Address										
Suite, Apt.	#, etc.	Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & Stat	te	City & State				4	I. FEI N	lumber 59-18993	178		oplied For	
Zip	Country	Zip		Cour	Country		. Certil	ficate of Status Desire	d 🗆	\$8.75 Add	ditional	
	6. Name and Address of Curren	ıt Registere	ed Agent		1	7	. Nam	e and Address of Nev	v Registered	Agent		
FUENTES	s,leopoldo L. Esq					Name Street Address (P.O. Box Nümber is Not Acceptable)						
3737 SW	8TH ST,SUITE 109		00000			duras (1.0. Box Hamber is the Modephable)						
MIAMI FL	. 33134											
	*				City				FI	Zip Cod	e	
	named entity submits this statement tions of registered agent.	for the purp	ose of changing its r	register	ed office or re	egistered a	agent, o	or both, in the State of	Florida. I am	n familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered ager	nt and title if app	olicable. (NOTE:	: Registere	d Agent signature	required whe	n reinstati	ng)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				.*				9. Election Campaign Trust Fund Contribu	ution.	Li Added	00 May Be	
10.	OFFICERS AN		11.		/	ADDITIO	ONS/CHANGES TO C	FFICERS AN	D DIRECTOR	S IN 11		
TITLE . NAME STREET ADDRESS CITY-ST-ZIP	PD GOMEZ, NICOLAS 9220 S.W. 64TH STREET MIAMI FL 33173		☐ Delete		. 1					☐ Change	☐ Addition	
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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: