## 2001 UNIFORM BUSINESS REPORT (UBR)

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

2001 UNIFORM BUSINESS REPORT (UBR)  DOCUMENT # 631143  1. Entity Name				FILED Feb 08, 2001 8:00 am Secretary of State	
Dringing Diag	a of Dusiness	Backing Address			
Principal Place of Business 315 N.W. 7TH STREET. STORE #10		Mailing Address 4315 N.W. 7TH STREET, STO	): DRE #10		
IIAMI FL 33126	;	MIAMI FL 33126	1		
				E INDIA BILLO CIAN MANAGAMAN ALBOR CAN ALBOR CAN	81811 81811 81811 81811 1881
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	-	DO NOT WRITE IN THIS	SPACE
City & State		City & State		4. FEI Number 59-1988378	Applied For
Zip	Country	Zip	Count	5. Certificate of Status Desired	\$8.75 Additional
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered A	Fee Required
RODI	RIGUEZ, ANTHONY		Name		
	N.W. 7TH ST RE #10		Street Address	(P.O. Box Number is Not Acceptable)	
	II FL 33126		<u> </u>		
	******		City	FL ered agent, or both, in the State of Florida.	Zip Code
Tax filing r	pration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!	Registered ent signature requirements of St. Registered ent signature requirement signat	10. Election Campaign Financing	\$5.00 May Be Added to Fees
11.	OFFICERS AND D		12.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RODRIGUEZ, ANTHONY 4315 NW 7TH ST, STORE #10 MIAMI FL 33126	Delete .	NAME STREED DRESS CITY-SZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RODRIGUEZ, ALEXIS 4315 NW 7TH ST. #10 MIAMI FL 33126	☐ Delete	TITLE NAME STREE DRESS CITY-SIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RODRIGUEZ, VIVIAN 4315 NW 7TH ST. #10 MIAMI FL 33126	☐ Delete	TITLE NAME STREETDRESS CITY-SIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET RESS CITY-SP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET RESS CITY-ST		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET AESS CITY-ST		Change Addition
13. I hereby of indicated of the correctanged.	certify that the information supplied with I on this report or supplemental report is poration or the receiver or trustee empoy, or on an attachment with an address, we	his filing does not qualify for true and accurate and that m wered to execute this report ith all other like empowered.	the exemp stated in Sent signatureal have the sas required Chapter 607	ction 119.07(3)(i), Florida Statutes. I further certify same legal effect as if made under oath; that I am , Florida Statutes; and that my name appears in E	that the information an officer or director Block 11 or Block 12 if

01/18/01 (30V) 44
Date Daytime Phone #