## 2003 FOR PROFIT CORPORATION

## FILED Apr 28, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** 845865 DOCUMENT # 1. Entity Name 04-28-2003 91304 008 \*\*\*150.00 73 CORP. Principal Place of Business Mailing Address 340 SEVILLA AVE 340 SEVILLA AVE 11024293 **MIAMI FL 33134 MIAMI FL 33134** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State 4. FEI Number City & State 22-2175634 Not Applicable Zip Country \$8,75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MOHLMAN, CARMEN E Street Address (P.O. Box Number is Not Acceptable) 340 SEVILLA AVE **MIAMI FL 33134** Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Change ☐ Addition TITLE TITLE ☐ Delete DUNN, HARRY NAME NAME STREET ADDRESS 340 SEVILLA AVE STREET ADDRESS **CORAL GABLES FL 33134** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE STD NAME MOHLMAN, CARMEN E NAME STREET ADDRESS STREET ADDRESS 340 SEVILLA AVE CITY-ST-ZIP CITY-ST-ZIP **CORAL GABLES FL 33134** ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

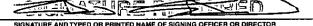
NAME STREET ADDRESS

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE NAME



☐ Delete

Change

☐ Addition