## FILED Feb 19, 2003 8:00 am

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

Suite, Apt. e, etc.   City & State		Secretary of S1 02-19-2003 90023 010 ***15			001604	DOCU 1. Entity N. RKM (U.		
Suite. Apt. #, etc.   City & State   Country   S. Certificate of Status Desired   S8.7   Fee R   F					5500 SW 86 ST.	55	STH STREET	8001 NW 36
Suite, Apt. #, etc.   City & State   Country   S. Certificate of Status Desired   S8.7   Fee R				-	Mailing Address	3. 8	Place of Business	2. Principal
City & State  Country  Country  5. Contribute of Status Desired   \$8.77  Fee R  Replaced Agent  7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City   FL   Zity  The above named entity submits this statement for the purpose of changing its registered office or registered agent, or ooth, in the State of Florida. I am familiar the objections of registered agent, or ooth, in the State of Florida. I am familiar the objections of registered agent, or ooth, in the State of Florida. I am familiar the objections of registered agent, or ooth, in the State of Florida. I am familiar the objections of registered agent, or ooth, in the State of Florida. I am familiar the objections of registered agent, or ooth, in the State of Florida. I am familiar the objections of registered agent, or ooth, in the State of Florida. I am familiar the objections of registered agent, or ooth, in the State of Florida. I am familiar the objections of registered agent, or ooth, in the State of Florida. I am familiar the objections of registered agent, or ooth, in the State of Florida. I am familiar the objections of registered agent, or ooth, in the State of Florida. I am familiar the objections of registered agent, or ooth, in the State of Florida. I am familiar the objections of registered agent, or ooth, in the State of Florida. I am familiar the objections of registered agent, or ooth, in the State of Florida. I am familiar the objections of registered agent, or ooth, in the State of Florida. I am familiar the objections of registered agent, or ooth, in the State of Florida. I am familiar the objections of registered agent, or ooth, in the State of Florida. I am familiar the objections of registered agent, or ooth, in the State of Florida. I am familiar the objections of registered agent, or ooth, in the State of Florida. I am familiar the objectio	~		<del></del>		Suite, Apt. # :etc	s	ot. #, etc.	Suite, Ap
Supplement   Sup	NGES	CHECK HERE IF MAKING CHANGE						City & St
S. Name and Address of Current Registered Agent  F. Name and Address of Name Registered Agent  7. Name and Address of New Registered Agent  Name  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  FL Zip  City  FL	Applied For Not Applicable	11371379858	4	•				Zip
POCATERRA, CRISTINA  5500 SW 66 STREET  MIAMI FL 33143  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent.  Signature  Signature  Specially, typed or privide name of registered agent ag	5 Additional	5. Certificate of Status Desired \$8.75 A	5.	Country	•			21p
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  FL			7.	N	stered Agent	Address of Current Registe	6. Name and Addres	
MIAMI FL 33143  City FL Zip  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 the obligations of registered agent.  SiGNATURE  Sognature  Signature  Signatu			1			,		
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 the obligations of registered agent.  SIGNATURE    Suprature, typed or privated name of registered agent and title if applicable.   (NOTE: Registered Agent adjusture required when remetating)   DATE		O. Box Number is Not Acceptable)	Address (P.O.	Street		*	No. 1	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent.  SIGNATURE    Signature							36	MIAMI FL
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 the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and itself applicable.  FILE NOW!!! FEE.IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE NAME SIREET ADDRESS CITY-S1-2IP  MAMI FL 33166  CITY-S1-2IP  MAMI FL 33166  CITY-S1-2IP  MAMI FL 33166  CITY-S1-2IP  MAMI FL 33143  CITY-S1-2IP  MAMI FL 33143  CITY-S1-2IP  TITLE NAME SIREET ADDRESS CITY-S1-2IP  MAMI FL 33143  CITY-S1-2IP  TITLE NAME SIREET ADDRESS CITY-S1-2IP  MAMI FL 33143  CITY-S1-2IP  TITLE NAME SIREET ADDRESS CITY-S1-2IP  TITLE	p Code	. FL Zip Co	<del>-</del> -	1			ž.	
TITLE DAYROWSKI, HENRYK NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	9. Election Campaign Financing \$5  Trust Fund Contribution Adde	-			IS \$150.00 will be \$550.00 da Department of State	FILE NOW!!! FEE IS \$ r May 1, 2003 Fee will I k Payable to Florida De	Afte Make Checi
NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33168  STREET ADDRESS CITY-ST-ZIP MIAMI FL 33143  CITY-ST-ZIP  TITLE SPOCATERRA, CRISTINA STREET ADDRESS CITY-ST-ZIP  TITLE MAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS		NRYK	CP DAVROWSKI, HENRYK 8001 NW 36TH STREE	NAME STREET ADDRESS
POCATERRA, CRISTINA STREET ADDRESS SITY-ST-ZIP  MIAMI FL 33143  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP	ange Addition	☐ Change		NAME STREET ADDRESS	☐ Delete	MANFRED STREET	KOROSCHETZ, MANFI 8001 NW 36TH STREE	name Street address
INAME  INTREET ADDRESS  INTY-ST-ZIP  INTE  INAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  INAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	nge 🔲 Addition	☐ Change		NAME STREET ADDRESS	☐ Delete	ISTINA	POCATERRA, CRISTIN. 5500 SW 86 ST.	NAME STREET ADDRESS CITY-ST-ZIP
AME TREET ADDRESS ITY-ST-ZIP TILE  NAME STREET ADDRESS CITY-ST-ZIP TILE  Delete TITLE  NAME STREET ADDRESS CITY-ST-ZIP TILE	nge 🗌 Addition	☐ Change		NAME 	☐ Delete			IAME ITREET ADDRESS
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TREET ADDRESS  ITY-ST-ZIP  2. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information or the receiver or trustee and from this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 100 changed, or on an attachment with an address. I with all other like empowered.		☐ Change		STREET ADDRESS CITY-ST-ZIP	☐ Delete			AME TREET ADDRESS ITY-ST-ZIP

SIGNATURE:

REQUIRED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 0/14/03

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