2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Feb 25, 2003 8:00 am Secretary of State 02-13-2003 90201 042 ***150.00

1. Entity Name	= ;					3 70201 042	130.00
Principal Place of Business 49 POND STREET STATEN ISLAND NY 10309		Mailing Address 1912 CAPESIDE CIRCLE WELLINGTON FL 33414					
2. Principal Place of Business		3. Mailing Address			T HERMARA TINK BEKKA INDAN BERMA ERAMI ERAMI BEKAN BEKAN BUNAN BINAN BINAN BINAN BINAN INDAN		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & State		City & State			4. FEI Number 39610	47 No	plied For LApplicable
Zip Country		Zip			5. Certificate of Status Desired	\$8.75 Add Fee Required	
	6. Name and Address of Curren	Registered Agent		Name	7. Name and Address of New Reg	istered Agent	
CRUZ, JAIME %THE MALL AT WELLINGTON GREEN, STORE #192 WELLINGTON FL 33414				Street Address (P.O. Box Number is Not Acceptable)			
11222101		,		City	1	FL Zip Code	e
the obligat	Signature, typed or printed name of registered egen ILE NOW!!! FEE IS \$150.00	t and title if applicable.		d Agent signature required	red agent, or both, in the State of Florio d when reinstating) 9. Election Campaign Finar	DATE	O May Be
After Make Check	r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department	of State			Trust Fund Contribution. ADDITIONS/CHANGES TO OFFIC		1 to Fees
TITLE NAME STREET ADDRESS	CP CRUZ, JAIME 1912 CAPESIDE CIRCLE	DO DIRECTORS Delet	NAME STREE	l l	ADDITIONS/CHANGES TO OFFIC	☐ Change	Addition S
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WELLINGTON FL 33414	☐ Celet	te 11TLE NAMI STRE			Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		Oelet	NAME STRE	~ ′ ′		Change	Addition
TITLE NAME STREET ADDRESS		☐ Delet	nam Stre			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Oelet	te title Nam Stre			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delet	te IIILI NAM STRE	E E ET ADDRESS - ST- ZIP	٥	☐ Change	Addition
12. I hereby indicated	certify that the information supplied we do not his report or supplemental report poration or the receiver or treate emit, or on an attachment with an addition	ith this filing does not que is true and accurate an powered to execute this with all other like empty.	ualify for the exe nd that my signa s report as requi owered.	mption stated in S ture shall have the red by Chapter 60	ection 119.07(3)(i), Florida Statutes. I f same legal effect as if made under oa 7, Florida Statutes; and that my name	urther certify that the i th; that I am an officer appears in Block 10 o	nformation or director r Block 11 if