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

## G97297 **DOCUMENT #**

1. Entity Name



## **FILED** Mar 17, 2003 8:00 am Secretary of State

03-17-2003 90148 005 \*\*\*150.00

	TO CENTER, INC.				7				
Principal Place 1112 PALM AVE HIALEAH FL 33	enue	1112 P/	Mailing Address 1112 PALM AVENUE HIALEAH FL 33010						
2. Principal Pl	lace of Business	3. Maili	ng Address	<del>, , , , , , , , , , , , , , , , , , , </del>				<b>                                    </b>	I <b>B</b>
Suite, Apt.	#, etc.	Suite	, Apt. #, etc.		-	CHECK HERE I	F MAKING	CHANGES	\$
City & State	e	City	& State		<b>4.</b> F	El Number <b>59-2453150</b>			pplied For lot Applicable
Zip	Country	Zip		Country	5. 0	Certificate of Status Desired		\$8.75 Ac	
	6. Name and Address of Curre	nt Registere	d Agent	1	7. N	lame and Address of New Ro	gistered /	lgent	
<del></del>	6. Name and Address of Curre	int registere	<u> </u>	Name					
PEREZ, ES				Street Addres	ss (P.O. B	ox Number is Not Acceptable			
1112 PALN HIALEAH F						<del></del>			
				City	<u>.</u>		FL	Zip Co	
8. The above the obligat	e named entity submits this statemen tions of registered agent.	t for the purp	ose of changing its	registered office or regis	stered ag	ent, or both, in the State of Flo	rida. I am	familiar with	n, and accept
SIGNATURE	Signature, typed or printed name of registered ag	nent and title if app	licable. (NO	TE: Registered Agent signature req	quired when re	einstating)	DATE		<del> </del>
<u> </u>						T	-		
								<b>A</b> =	~~
é. Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.0	00 t of State				Election Campaign Fir     Trust Fund Contributio	ancing n. [	<b>\$5.</b> Add	.00 May Be ed to Fees
Afte     Make Check	r May 1, 2003 Fee will be \$550.0 k Payable to Florida Departmen	t of State	PRS	11.	AC	Election Campaign Fir Trust Fund Contributio  DITIONS/CHANGES TO OFF	ո. Ը	☐ Add	ed to Fees
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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)(f). Fibrida Statutes. Horital certify interface that the information country 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 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-enjowered 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 arranged ress, with all other like empowered.

SIGNATURE:

Date

Daytime Phone #