## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H02532  1. Entity Name						FILED Apr 10, 2000 8:00 am Secretary of State				
SALES A	ND MARKETING CORPORA	ITION				Secre	etary of	Sta	te	
Principal Place of Business Mailing Address						04-10-20	000 90034 008	***150.	00	
328 CRANDON BLVD.		328 CRANDON BLVD.								
#205 KEY BISCAYNE FL 33149 US		#205 KEY BISCAYNE FL 33149-1331 US				T TÖRLÜRI BILÎ BARKÊ HELA BARÎ	DE TOTALE STEN BIRNI BURNI BURNI BU	1 <b>2</b> 11 <b>210</b> 11 <b>613</b> 1	) <b>(10)</b>   100	
2. Principal Place of Business		3. Mailing Address				DO NOT WRITE IN THIS SPACE				
Suite, Apt. #, etc.		Suite, Apt. #, etc.								
City & State		City & State			<b>4.</b> F	El Number 59-240	0705		olied For Applicable	
Ζiρ	Country Zip C		Countr	У	5. Certificate of Status Desired S8.75 Additional Fee Required					
	t Registered Agent		Name	7. Name and Address of New Registered Agent Name						
	RILLO, JULIO M OCEAN DR #9H				et Address (P.O. Box Number is Not Acceptable)					
	BISCAYNE FL 33149		City				FL	Zip Code	 '	
SIGNATURE .	named entity submits this statement of signature, typed or printed name of registered ager pration is eligible to satisfy its Intangib	it and title if applicable. (NOT	E Registered	Agent signature	e required when re	instating)	DATE			
Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1, 20	After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of St							
11.	OFFICERS ANI					DITIONS/CHANGES TO	OFFICERS AND D	IRECTORS	SIN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SOU COLLIN DINVE, OTT			T ADDRESS ST-ZIP	T-/S CARRILLO-PONCE, BEATRIZ 300 GALEN DR. #201 KEY BISCAYNE, FL 33149					
TITLE NAME STREET ADDRESS	S XXDelete TI MENDIA, CRISTINA C. 228 WESTWOOD DR			T ADDRESS	PD CARRI	PD XXX Change ☐ Addition CARRILLO, JULIO M. 550 OCEAN DRIVE, #9H				
CITY-ST-ZIP TITLE	VP Delate TI		TITLE		<u>KEY</u> E	SISCAYNE, F	K 33149-	Change	☐ Addition	
name Street address City-St-Zip	550 OCEAN DRIVE, 9-H			T ADDRESS ST-ZIP	,					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	1					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					[	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	1					Change	Addition	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

IS AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #