2002 UN	IIFURM BUSI	NESS KEPU	HI (UB	K) /	Sep 17, 200	02 8:00 am
	1102-17	0			Secretary 09-17-2002 9009	of State
Principal Place of Búsin 2500 NW 79TH AVE		Mailing Address 2500 NW 79TH AVE	<del></del>			
US 33122		MIAMI FL 33122 US				
Suite, Apt. #, etc.	LAGLEN St.	3. Mailing Address 8300 W. FLAGUER ST. Suite Apt. #_etc.		27.	DO NOT WRITE IN THIS SPACE	
/ L / / \— L ·	FL	City & State HIANI F	۷	4.	FEI Number <b>59-2671995</b>	Applied For Not Applicable
33/44 6. Na	Country USA me and Address of Current F	33/44 Registered Agent	CountrySA		Certificate of Status Desired  Name and Address of New Register	\$8.75 Additional Fee Required
VALDES-FAULI, M 2500 NW 79TH AV MIAMI FL 33122	Name MARIEN VALUES-FAULI Street Address (P.O. Box Number is Not Acceptable) 8300 W. F-C46CER ST. # 250  City AMI FL Zing Code					
the obligations of red	ntity submits this statement for gistered agent.  Journal Valles  ped or printed name of registered agent ar  eligible to satisfy its Intangible	Daul MAR (NOTE		r registered ag		02
Tax filing requirement and elects to do so.  (See criteria on back)		After September 13, 2002 Fee will be \$750. Make Check Payable to Department of Sta		e \$750.00		
	ez, jose W 79 ave.	DIRECTORS ### \$   Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	8300	DITIONS/CHANGES TO OFFICERS A  OU.FLAGLER  OU.FL 33/44	Change
STREET ADDRESS 2500 N	JOHN M W 79 AVE. FL 33122	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8300	w. FLAGLER	
ITLE IAME STREET ADDRESS DITY-ST-ZIP	·	- Delete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition
ITLE NAME		☐ Delete	TITLE NAME			☐ 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 expowered 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 a other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

☐ Change

■ Addition