04/25/01

2001 UNIFORM BUSINESS REPORT (UBR)

DOC 1. Entity N N304		•	, ,	•		S	ecreta: 05-02-2001 9	ry of	
Principal Place of Business 950 S.E. 12TH STREET. HIALEAH FL 33010		Mailing Address 950 S.E. 12TH STREET. HIALEAH FL 33010	- : 						
2. Principa 7220	Place of Business NW 36th Street	3. Mailing Address 7220 NW 36t	Street						
Suite, Ap Suite	ot. #, etc.	Suite, Apt. #, etc. Suite 305		_		DC	NOT WRITE IN TI	HIS SPACE	
City & St		City & State Miami, Flor	rida			FEI Number 59	-2845359		Applied For Not Applicable
Zíp_ 33166	Country USA	Zip 33166	Coun	•	5	Certificate of Status	s Desired	\$8.75 Fee Req	Additional
	6. Name and Address of Current	Registered Agent			7.	Name and Addres	s of New Register	ed Agent	
POI 950	LK, RHONDA S I SE 12TH STREET LEAH FL 33010		:	Street		C. Tirri, Box Number is Not 36th Street	Acceptable) - Suite		Code 166
8. The abov	e named entity submits this statement for Signature, typed or printed name of registered agent a		A	07He		IRRI	State of Florida.		
Tax filing requirement and elects to do so. After MAY 1, 200			FEE IS \$150.00 Fee will be \$550.00 to Department of State			10. Election Campaign Financing \$5,00 May Be Trust Fund Contribution. Added to Fees			
11.	OFFICERS AND I	DIRECTORS	12.		A	DDITIONS/CHANGE	S TO OFFICERS A	ND DIRECTO	ORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TIRRI, JEAN M 950 SE 12 STREET HIALEAH FL	☐ Delstis			7220 1	, JEAN M W 36th Str , FL 33166	eet - Suit	X IX Chang :e 305	e
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TIRRI, ANTHONY C JR 950 SE 12 ST HIALEAH FL	☐ Delets		t address St-Zip	V TIRRI 7220 1	ANTHONY C W 36th Str FL 33166		XX Chang e 305	e Addition
NAME STREET ADDRESS CITY-ST-ZIP	DP	Delete ———	NAME STREE	T ADDRESS	7220- N	ANTHONY C W 36th Street		<u>XOX</u> Chang e 305	■ AdditIon
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS TIRRI, ANTHONY C JR 950 SW 12 STREET HIALEAH FL	Delets	, TITLE : NAME : STREE : CHY-1	T ADDRESS ST-ZIP	7220 N	ANTHONY C W 36th Stre		XIXI Change e 305	Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP		☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET CITY-S	(Address 17-zip			-	☐ Change	: Addition
	certify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empower or on an attachment with an address, with								

Anthony C. Ti