2001 UNIFORM BUSINESS REPORT (UBR)

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Principal Place	of Business		Mai	ling Address				•			
8347 NW 54TH STREET				8347 NW 54TH STREET							
MIAMI FL 3316	66		MI	AMI FL 33166					. 46111 88111 881	44181 18 111 86 111	***** *** ***
2. Principal Place of Business Suite, Apt. #, etc.			3. N	3. Mailing Address Suite, Apt. #, etc.				i 1907(10), Die Boier 1970 1907	00111 03111 501	III 4316 1 13111 86111	#3### #I\$) (##)
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City & State			С	City & State			4. ES	4. FELNumber 24926 Applied For Not Applied by			
Zip		Country	Z	ip	Coun	ntry	5. Certif	icate of Status Desired	j 🗆	\$5.00 Add Fee Require	
	6. Name a	and Address of Curre	ent Registe	ered Agent		Nama		and Address of Nev	v Registere	d Agent	
	i iAeenii	DADDV				MARI	A_EHII	VCAPIE			
SCHIMMEL, JOSEPH BARRY 9400 S. DADELAND BLVD., SUITE 600						Street Add	Iress (P.O. Box N 7 NW 54	umber is Not Accepta Street	DIE)	:	
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MIAMI FL :						Miam				1 11	00
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	name dentity:	submits this statement Eleuc Hu	it for the pu	prose of changing its	registere	Mian ed office or re	egistered agent, o	or both, in the State of	Florida.		
8. The above r	MARIA		PIÉ	_ Member		ed office or re	egistered agent, o	04	Florida. 4 – 18 – 0 DATE)1	
8. The above r	MARIA	E. HINCA	PIÉ	Member applicable. (NOT	E: Registere	ed office or re	egistered agent, or required when reinstation 0.00	04 -1)5/	4-18-0 DATE /1.16: 08/01-	01 3 194 -01120	038
8. The above r	MARIA	E. HINCA	PIÉ pent and title if	Member applicable. (NOT FILE N Make Check Pa	E: Registere	ed office or re ad Agent signature of FEE IS \$50 to Departmen	egistered agent, or required when reinstation 0.00	0/ /[EECECIE] -105/ ****	4-18-0 DATE	01 3194 -01120 0 *****	038
8. The above r	MARIA Signature, typed or	A E. HINCA printed name of registered ag MANAGING MEN	PIÉ pent and title if	Member applicable. (NOT FILE N Make Check Pa	OW!!! ayable t	ed office or re ad Agent signature / FEE IS \$50 to Department	egistered agent, or required when reinstation 0.00	0/ /[EECECIE] -105/ ****	4-18-0 0ate /1.1.6: 08/01 **50.00	01 3194 -01120 0 *****	038 50.00
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