

2004 LIMITED LIABILITY CO
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2004 8:00 am
Secretary of State

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DO NOT WRITE IN THIS SPACE

717 PONCE DE LEON

STE 337

CORAL GABLES

FLA

33134

01-0664671

☐ \$8.75 Additional
Fee Required

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing
Trust F

10. OFFICERS AND DIRECTORS

TITLE D/P
NAME AARNTLA CARUBKA
STREET ADDRESS 717 PONCE DE LEON - STE 337
CITY-ST-ZIP CORAL GABLES FL 33134

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CITY-ST-ZIP

12. 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 10 or on an attachment with an address, with all other like empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/27/04 Daytime Phone #

CR2E034B (12/02)