DOCUMENT # L25516 1. Sridly Name JOSE A. SANTOS, JR., P.A. May 01, 2001 08:00 AM Secretary of State DO NOT Writte IN THIS SPACE Lip	2001 UNIFORM BUSINESS REPORT (UBR)							FILED					
### PL MB FL Suite Suite Suite Suite Suite Suite Suite Suite Suite Apr 8, etc. City & State	DOCUMENT # L25516 1. Entity Name						May 01, 2001 08:00 AM						
2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State A. FEI Number Applied For City & State Country Zip Country S. Certificate of Status Desired \$8.75 Additional Fee Required Fee	•		•	-	<u> </u>						-		
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SANTOS, JOSE A. JR. 20 E RIVO ALTO DR SERVINO ALTO DR BY SERVER Address (P.O. Box Number is Not Acceptable) 20 E RIVO ALTO DR City Alto DR STREET ADDRESS STREET ADDRESS 20 E RIVO ALTO DR SIGNATURE DEST OFFICERS AND DIRECTORS IN 1 TITLE MMB DEST OFFICERS AND DIRECTORS IN 1 TITLE MMB FL 33139 TITLE MMB TITLE DEST MMB FL 33139 TITLE MMB TITLE MMB FL 33139 TITLE MMB TITLE MMB TITLE MMB TITLE MMB	Zip	Country	Zip	Coun	itry					\$8.75 Ad	ditional		
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Sireet Address (P.O. Box Number is Not Acceptable) 20 E RIVO ALTO DR MB 33139 City MB		-		-	Name					Agont .		1	
2. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 2. Signature. Signature. Signature of registered agent and title if applicable. (NOTE Registered Agent algorithment of registered agent and title if applicable. (NOTE Registered Agent algorithment of State 2. Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent algorithment of State 2. Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent algorithment of State 3. Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent algorithment of State 3. Signature, typed or printed name of registered agent, or both, in the State of Florida. 3. Signature typed or printed name of registered agent, or both, in the State of Florida. 3. Signature typed or printed name of registered agent and title if applicable. (NOTE Registered Agent algorithmen relevation) 3. CATE 4. Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent algorithmen relevation) 4. Affect NOM! If FEE IS \$150.00 4. Affect NOM! If FEE IS \$150.00 5. THE LE NOW!!! FEE IS \$150.00 5. THE LE NOW!!! FEE IS \$150.00 6. THE NOM!! FEE IS \$150.00 6. THE NOM!! FEE IS \$150.00 7. THE NOM! If Poel III IS NOM! If Poel	20 E RIVO A	ALTO DR	·		Street Ad	ddress (P.C). Box Number is	Not Acceptab	e)			-	
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. SIGNATURE JOSE A. SANTOS, JR. Signature, byed or printed rame of registered agent and filte if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is elligible to satisfy its Intangible Tax filing requirement and elects to do so. IN PILE NOW!!! FEE IS \$150.00 PARTY 1, 2001 Fee will be \$550.00 TITLE DPST MAKE Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. STREET ADDRESS TO OFFICERS AND DIRECTORS IN 11 TITLE DPST MAME SANTOS, JOSE A., JR STREET ADDRESS 20 E RIVO ALTO DR TITLE NAME STREET ADDRESS CITY-ST-ZIP MB FL 33139 FL 33139 FL 33139 FL 33139 TITLE NAME STREET ADDRESS CITY-ST-ZIP MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE O Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Change Addition Add			FL				·	<u></u>		Zip Coo	le	<u>-</u>	
SIGNATURE JOSE A. SANTOS, JR. Signature, typed or printed name of registered agent and tible if applicable. 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE 13. OFFICERS AND DIRECTORS 14. OFFICERS AND DIRECTORS 15. Delete 16. OFFICERS AND DIRECTORS 17. STREET ADDRESS 20 E RIVO ALTO DR TITLE NAME SIRRET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-Z	8. The above	named entity submits this statement f	or the purpose of changing its	registere		registered	agent or both	n the State of E		33139		4	
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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.	of the corp	oration or the receiver or trustee emp	is true and accurate and that r powered to execute this report	ny signai as reduit	ti ire shali ha	ava ina cai	MAJAMALAMAN A	t it made under	anth: that I	am an officer	or director		
SIGNATURE: JOSE A SANTOS, JR. DPST 05/01/2001 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	SIGNAT			OR DIRECT	TOR		DPST			Daytime Phone #		-	