

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90145 011 ***150.00

DOCUMENT # L81799

1. Entity Name
POMA S.C.A. INCORPORATED



Principal Place of Business
~~7309 NORTHWEST 12TH STREET
MIAMI FL 33126
US~~

Mailing Address
~~7309 NORTHWEST 12TH STREET
MIAMI FL 33126
US~~



2. Principal Place of Business
8353 NW 54 ST.

3. Mailing Address
8353 NW 54 ST

CHECK HERE IF MAKING CHANGES

City & State
Miami FL

City & State
Miami FL

4. FEI Number **65-0198514**

Applied For
 Not Applicable

Zip **33166**

Country **FLA**

Zip **33166**

Country **FLA**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CIUZIO, ELISA
7309 NW 12TH ST
MIAMI FL 33126~~

Name

POMA S.C.A. INC.
Street Address (P.O. Box Numbers Not Acceptable)
**8353 NW 54th Street
Miami, Florida 33166
Tel: (305) 594-9680
Fax: (305) 594-3265**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **PTD GRUSZCZYK, MARIA P**
STREET ADDRESS ~~7309 NORTHWEST 12TH STREET~~
CITY-ST-ZIP ~~MIAMI FL 33126~~

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **VSD CIUZIO, ELISA**
STREET ADDRESS ~~7309 NORTHWEST 12TH STREET~~
CITY-ST-ZIP ~~MIAMI FL 33126~~

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
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TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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 Block 11 if changed, or on an attachment such as an address, with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-18-03 3055949680
Date Daytime Phone #

CR2E034 (10/02)